BEHAVIORAL AND MENTAL HEALTH PROVIDER ASSESSMENT SUMMARY

INCLUDING INFORMATION GATHERED DURING FOCUS GROUPS FROM FOUR MINORITY COMMUNITIES IN UTAH

FEBRUARY 2016

UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities

ACKNOWLEDGMENTS

This assessment would not have been possible without the collaborative support of the Utah Department of Health Office of Health Disparities personnel, all BH/MH providers who participated in the assessment, and the community partners.

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Organizational Description

The Utah Department of Health (UDOH) Office of Health Disparities (OHD) is committed to improving the health of diverse populations in Utah by working with professionals and communities to offer resources aimed at achieving health equity for all Utah communities.

Guiding Principle

The future health of Utahns will be determined, to a large extent, by how effectively we work with communities to reduce health disparities among those populations experiencing a disproportionate burden of disease, disability, and death.

Mission

To reduce health disparities in Utah and to improve health outcomes for vulnerable populations as defined by socioeconomic status, race/ethnicity, geography and among other populations identified to be at-risk for health disparities.

Vision

All Utahns will have an equal opportunity to be healthy, regardless of socioeconomic status, race/ethnicity, geography, and other factors identified to be associated with health disparities.

Introduction

Each year, more than 43 million adults in the United States or one in five adults, experience a mental illness.[1] Despite the fact that illnesses such as schizophrenia, bipolar disorder, major depression, and anxiety disorders, are more common than ever, there is still a great deal of misunderstanding, stigma, and lack of general awareness about behavioral health and mental health (BH/MH) in the general population. Some communities – such as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals and American Indians and Alaska Natives – are more likely than other groups to have a BH/MH condition. Other communities, such as

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[1] National Institute of Mental Health (2013). *Prevalence of Any Mental Illness Among U.S. Adults.*

African Americans and Hispanic/Latinos, are less likely to access treatment due to language barriers, lower rates of health insurance, or discrimination.[2]

Background

The OHD gathered baseline information to begin to address some of these issues regarding access to BH/MH care, culturally and linguistically appropriate services, and barriers faced by diverse communities in Utah. This assessment is intended to provide some practical tools to build capacity among Utah's BH/MH agencies and providers to address barriers to access and enhance providers' abilities to serve Utah's rapidly diversifying communities.

Assessment Description

This assessment is made up of three primary data collection parts:
(1) An online survey sent out to behavioral/mental health providers through BH/MH and substance abuse agencies and professional networks throughout the state,
(2) Follow-up telephone conversations with BH/MH health providers, and
(3) Community focus group discussions with community members that show the diversity of underserved and minority populations in Utah.

Information gathered from these three data collection areas was put together, de-identified, analyzed (to identify recurrent themes, salient or unexpected findings), and summarized with the intent of providing meaningful recommendations and real world examples of best practices that can be used by behavioral/mental health agencies and providers.

Methodology

Online Survey

A 17-question SurveyMonkey questionnaire was developed using previously conducted assessments[3] and input from Utah-based BH/MH providers that could be accessed online. Email

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[2] Agency for Healthcare Research and Quality (2010). *2010 National Healthcare Disparities Report*.; NAMI Multicultural Mental Health Facts.

invitations containing a link to the survey were sent to BH/MH providers through administrators and program managers of 27 state health and human service agencies, local/county health districts, public school districts, private BH/MH providers, and professional organizations.[4] Those who were interested in filling out the survey were given a four-week period September – October 2015 to respond.

The survey was designed to collect information from providers that identified:
(1) Areas of improvement in relation to providing BH/MH services to minority communities,
(2) Areas of need regarding language assistance,
(3) Specific barriers or difficulties that providers face when serving minority clients/patients, and
(4) Specific resources and tools that BH/MH professionals could use.

At the end of the survey, respondents were invited to participate in a telephone follow-up discussion if they wanted to provide additional comments or discuss topics that may not have been covered in the survey.

Provider Discussions

All those who indicated interest in a follow-up telephone call were contacted by OHD staff members and invited to participate in a brief discussion about the topics addressed in the survey (and any additional topics of the respondents' choice). Of the 22 respondents who indicated interest, twelve were able to participate in follow-up discussions. The length of telephone discussions ranged from five to 20 minutes, with all participants being asked to share their opinions on themes related to (1) barriers that keep people from seeking timely help for BH/MH issues; (2) resources, assistance, or tools that would help BH/MH organizations and providers; and (3) additional topics of personal interest that were not addressed in the online survey.

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[3] Such as the Tennessee Department of Mental Health and Substance Abuse (*2012 Mental Health Needs Survey*), UDOH OHD (*2011 Utah Pacific Islanders*), UDOH OHD (*2012 Community Perspectives*), UDOH OHD (*2015 African American Health Survey*).
[4] Including the Utah Division of Substance Abuse and Mental Health, Health Clinics of Utah, Optum, Valley Mental Health, National Alliance on Mental Illness, Utah Mental Health Counselors Association, Utah Pacific Islander Behavioral Health Association, Granite School District, etc.

Community Conversations

The OHD worked with four community-based organizations to hold eight focus group discussions with minority community members in the Salt Lake City area including Blacks/African Americans, Asians, Native Hawaiians/Pacific Islanders, and Hispanics/Latinos. These discussions were attended by 74 people, who gave permission to participate and were compensated for their time and travel in the form of a grocery gift card.

Each focus group was led by a community-based facilitator who led discussions based on a guide that asked community members about:

(1) Community perspectives and community-specific definitions of BH/MH,
(2) Barriers to addressing BH/MH issues,
(3) Awareness and accessibility of BH/MH services in the community, and
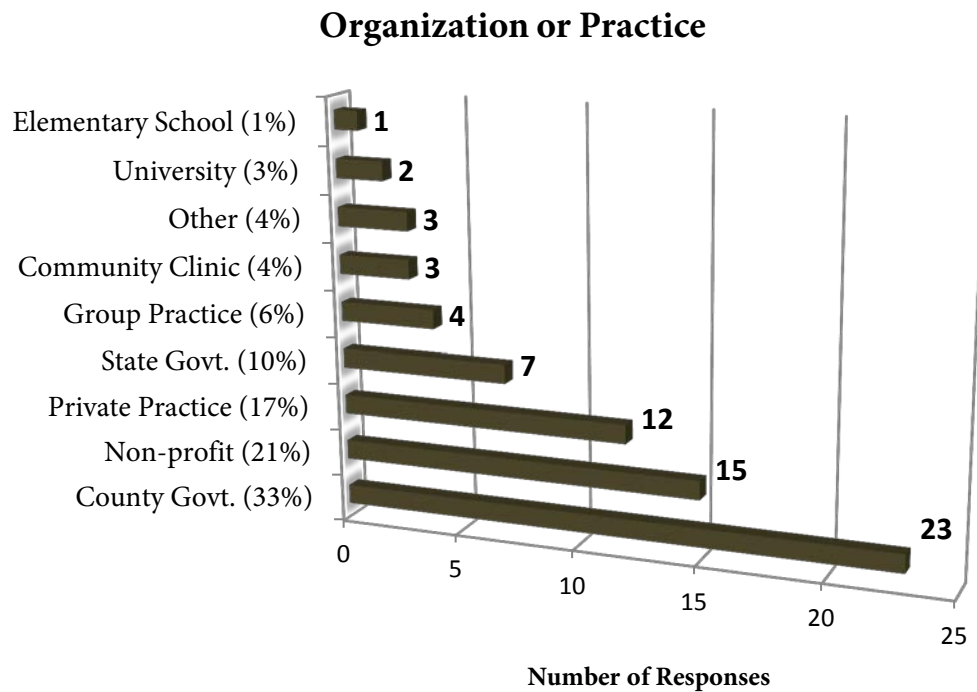(4) Suggestions for effectively engaging and educating community members.

All discussions were audio-recorded and notes were transcribed and summarized by OHD personnel.

Findings

Online Survey Responses

Between September 17, 2015 and October 15, 2015, the online survey was completed by 70 BH/MH service providers from seven Utah counties. Combined responses to each question are presented below.

1. What type of organization or practice do you work in?

Organization or Practice

Elementary School (1%) — 1
University (3%) — 2
Other (4%) — 3
Community Clinic (4%) — 3
Group Practice (6%) — 4
State Govt. (10%) — 7
Private Practice (17%) — 12
Non-profit (21%) — 15
County Govt. (33%) — 23

0   5   10   15   20   25

Number of Responses

2. What is your primary role?

Primary Roles

Physician's Asst. (1%) — 1
AP Nurse (1%) — 1
Physician, Psychiatrist (1%) — 1
Nurse Practitioner (4%) — 3
Marriage/Family Therapist (4%) — 3
Mentor/Peer Counselor (6%) — 4
Psychologist (9%) — 6
Other (11%) — 8
Admin./Management (14%) — 10
Social Worker (23%) — 16
Counselor, Therapist (24%) — 17

0   5   10   15   20

Number of Responses
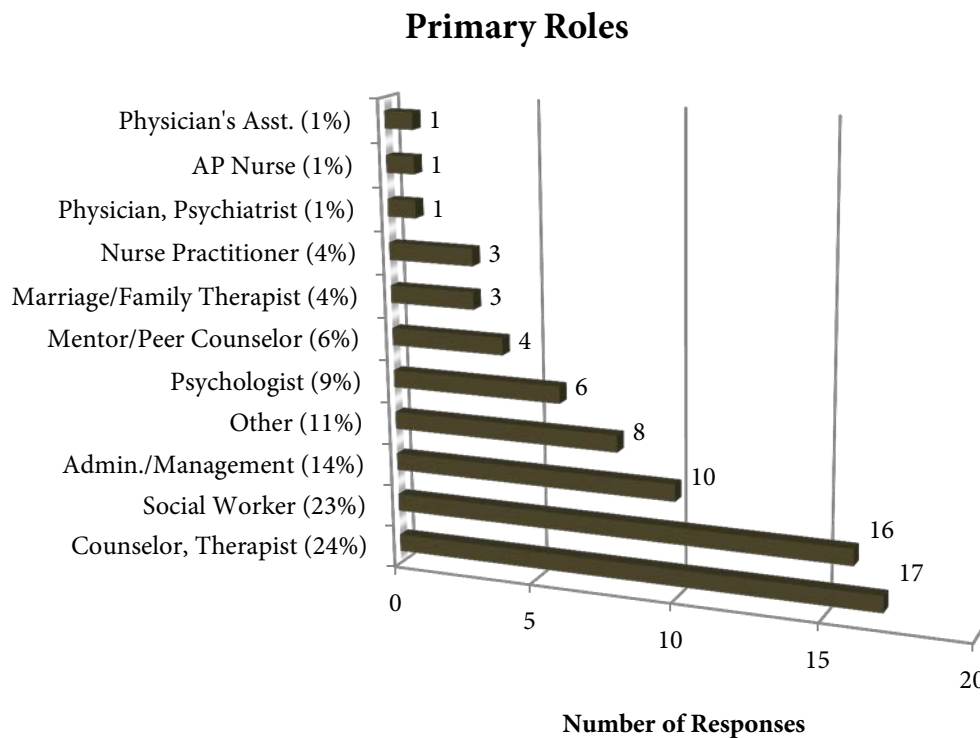
3. Where is your practice/office located?

Location of Practice

Location	Number of Responses
Summit Co. (1%)	1
Cache Co. (1%)	1
Wash. Co. (4%)	3
UT Co. (4%)	3
Davis Co. (10%)	7
SL Co. (39%)	27
Weber Co. (40%)	28

Number of Responses
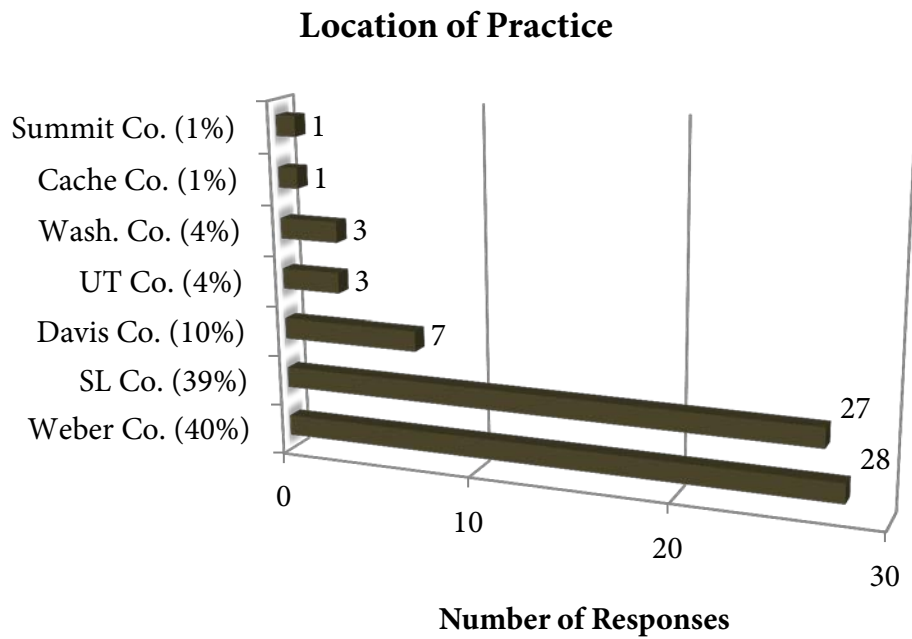
4. Who do you consider your three (3) main service populations?

Top Three Service Populations

Population	Number of Responses
Domestic Violence	2
Adolescents	4
Encarcerated Juveniles	4
Encarcerated Adults	7
Children	28
Adults w/ Substance Abuse	40
Adults w/ Mental Illness	52

Number of Responses
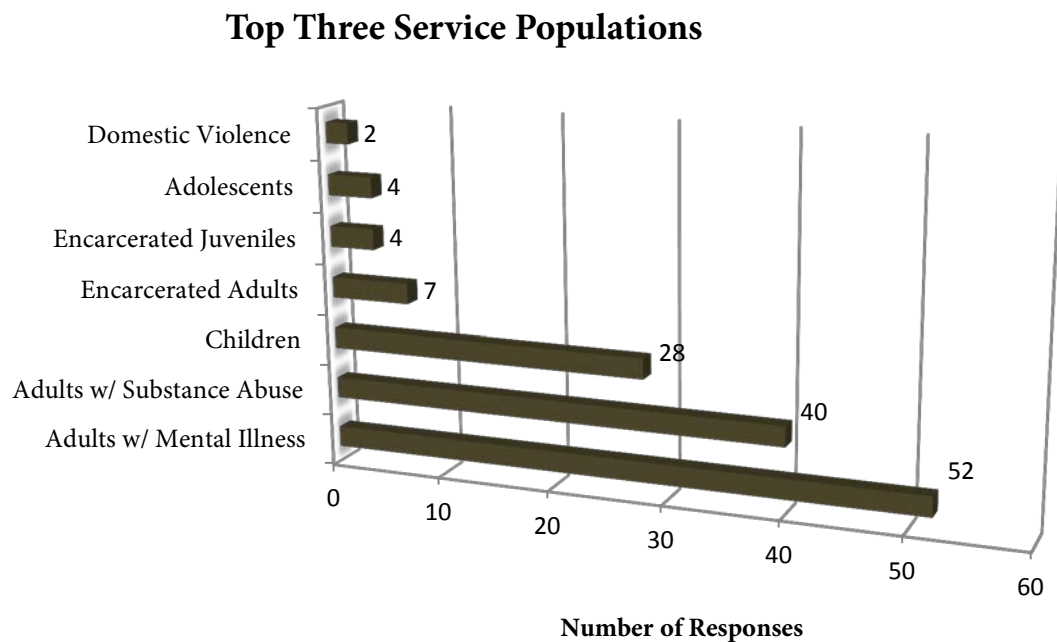
5. Does your practice offer services during the evenings and/or weekends?
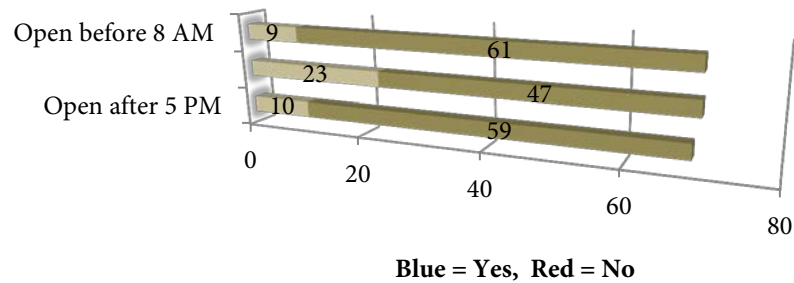
Monday-Friday Hours of Operation

Open before 8 AM — 22 / 48
Open after 5 PM — 68 / 1 ; 55 / 14

Blue = Yes, Red = No

Saturday Hours of Operation
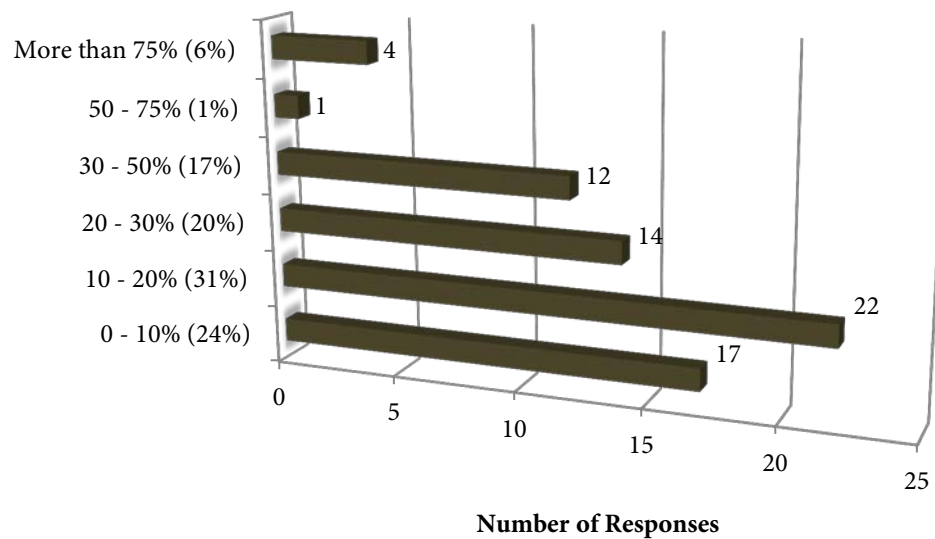
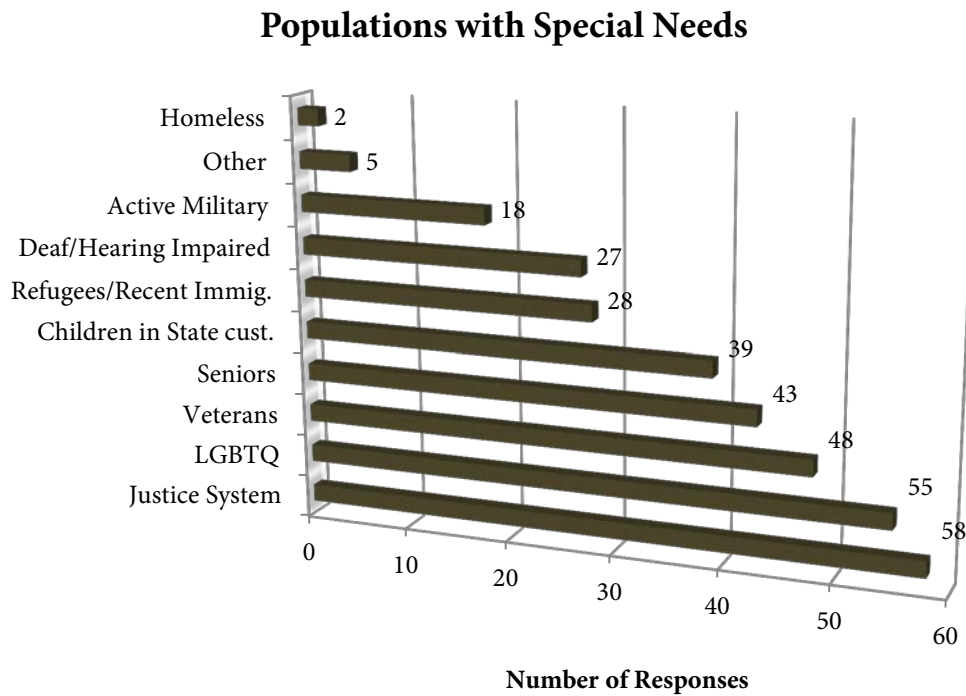Open before 8 AM — 9 / 61 ; 23 / 47
Open after 5 PM — 10 / 59

Blue = Yes, Red = No
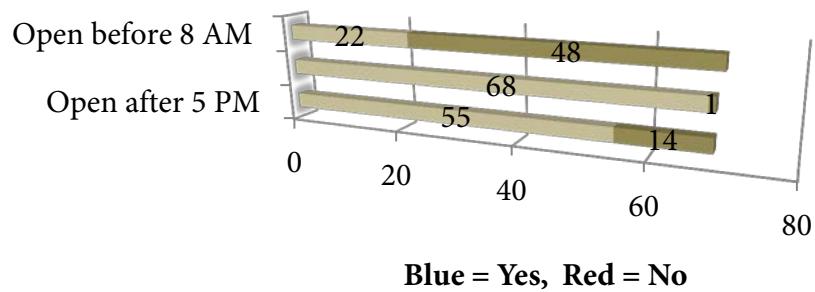
6. What proportion of your service population is comprised of racial/ethnic minorities?

Minorities in Service Population

- More than 75% (6%) — 4
- 50 - 75% (1%) — 1
- 30 - 50% (17%) — 12
- 20 - 30% (20%) — 14
- 10 - 20% (31%) — 22
- 0 - 10% (24%) — 17

Number of Responses

7. Special needs populations served in the past year

Populations with Special Needs

Population	Number of Responses
Homeless	2
Other	5
Active Military	18
Deaf/Hearing Impaired	27
Refugees/Recent Immig.	28
Children in State cust.	39
Seniors	43
Veterans	48
LGBTQ	55
Justice System	58

Number of Responses

8. What languages (beside English) have you encountered in practice within the past year?

Languages Encountered in Last Year

Language	Number of Responses
Farsi	2
Arabic	2
ASL	3
Navajo	3
Vietnamese	4
Samoan	4
Portuguese	5
Tongan	5
Chinese	7
English Only	12
Spanish	58

Number of Responses
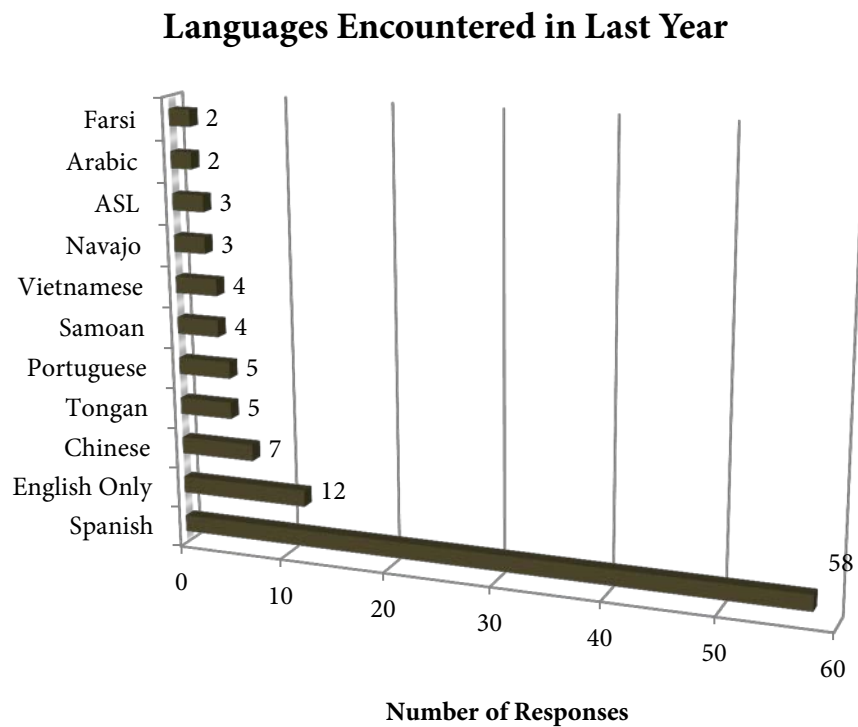
9. Languages that your practice can provide services in

Language Assistance Services Available

Language	Number of Responses
Other	2
Navajo	4
Vietnamese	4
Samoan	4
Tongan	5
Portuguese	6
Chinese	7
English Only	23
Spanish	41

Number of Responses
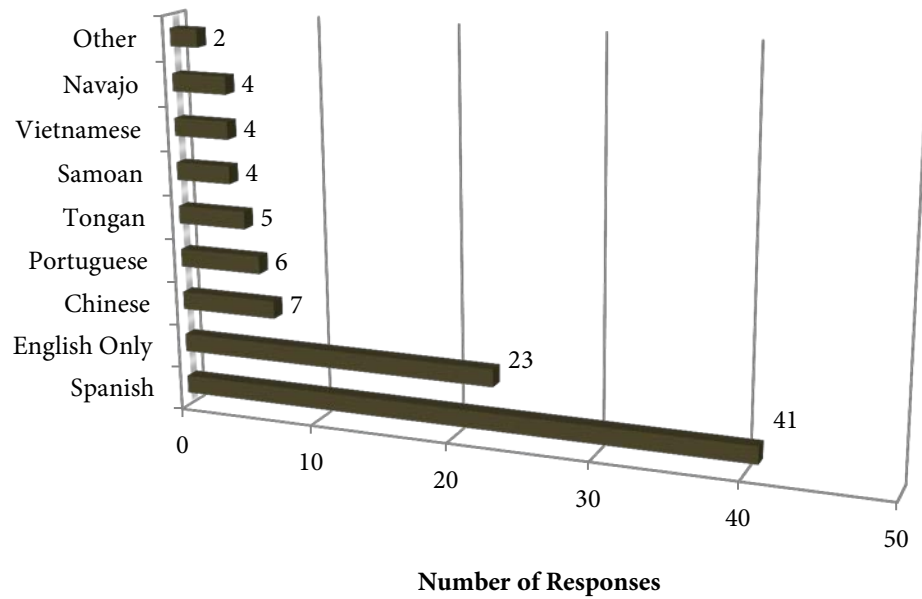
10. Most common barriers that may deter consumers from accessing BH/MH services

Access to Care Barriers

| Barrier	Number of Responses
Inconvenient hours	16
Inaccessible location/distance	18
Limited English Proficiency (LEP)	31
Believe services don't help	33
Childcare	38
Stigma	40
Transportation	45
Affordability	50
Lack of adequate insurance	55

Number of Responses
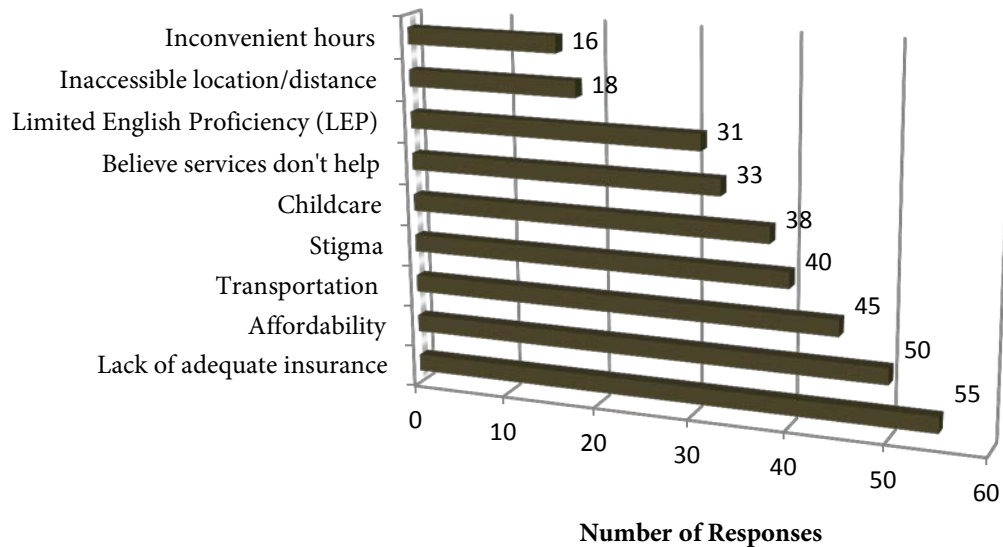
11. Does your organization/practice have any policies that address serving minorities or underserved populations?

Current Policy for Serving Underserved

No (31%) — 22
Yes (69%) — 48

0   10   20   30   40   50

Number of Responses
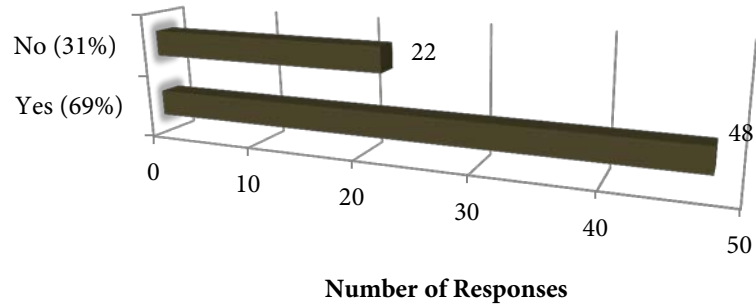
12. Does your organization/practice have any policies that address service provisions for individuals with Limited English Proficiency?

Current Policy on
Limited English Proficiency Services

No (30%) — 21
Yes (70%) — 49

0   10   20   30   40   50

Number of Responses
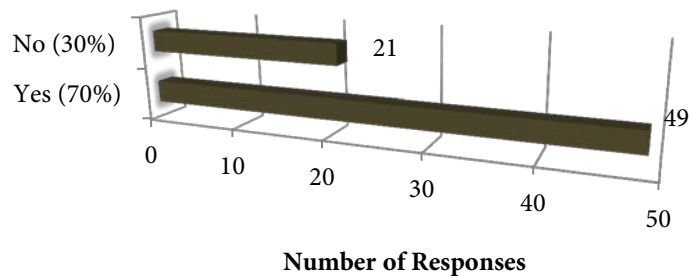
13. Do you feel your organization's staff reflect the diversity of your service population?

Staff Reflection of Service Population

No (37%) — 26
Yes (63%) — 44

0   10   20   30   40   50

Number of Responses
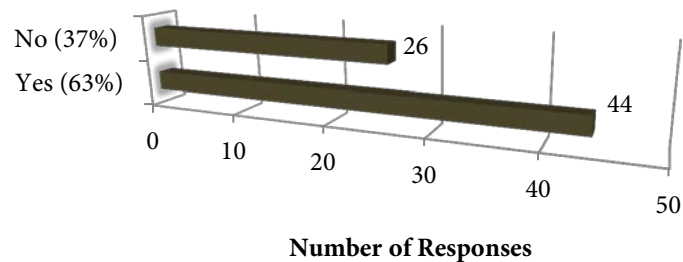
Feedback from Provider Discussions

1. What are the most significant barriers that prevent people from seeking timely help for BH/MH issues?

   Scheduling and Demand
   - "Getting in is a challenge"
   - "Schedules are packed"
   - "Long wait times to make appointments"
   - "Time … therapy is time-consuming … people are often too busy"
   - "Clinic should extend weekday hours and open on Saturdays"

   Cost and Insurance Coverage
   - "No insurance"
   - "Very little coverage for MH therapy"
   - "Medicaid denials based on part-time employment"
   - "Very few services available for unfunded clients"
   - "Everyone is short on time and money … both are necessary for effective therapy"

   Personal and Community Perception
   - "Denial … or lack of awareness of MH problems"
   - "Fear of receiving a diagnosis of mental illness"
   - "The stigma of being identified as a 'mentally ill' person"
   - "Lack of education"
   - "Shame and embarrassment … need to normalize discussions about mental illness"
   - "Community does not accept mental illness … unfairly stigmatizes people who really need the help"

   Sociocultural Factors
   - "Language barriers … very few services for Spanish speakers"
   - "Cultural differences … providers may not understand culture"
   - "No one in our facility speaks Spanish"
   - "Very little diversity in terms of therapists here"
   - "Case workers need more support to provide wraparound services"

2. What kinds of resources, assistance, or tools do you think your practice/organization would benefit from?

Service Coordination
  - "Directory to help find places for unfunded and underfunded clients"
  - "List of providers who speak different languages"

Outreach and Awareness
  - "Help with 'marketing' services in minority communities"
  - "Need to make clergy, teachers, community leaders more willing to refer to professional services"
  - "Help connecting with communities … churches, etc."

Engagement Methods
  - "Webinars, podcasts … on-demand resources"
  - "Resources need to be concise … accessible on our own time"
  - "Digital resources … podcasts … very helpful and convenient"
  - "Best way to reach a large audience is through the internet"
  - "Not convinced that brochures and books are the best way to reach busy providers"
  - "Because it's such a sensitive topic … use radio, TV, online, etc. so people don't feel singled out … educate the public as a whole"

3. Was there anything that you wanted to bring up that was not covered in the online survey?
  - "Cost issues extend beyond payment and coverage for clinical therapy … but also prescriptions, housing, transportation to appointments"
  - "Other issues that affect MH … immigration, discrimination, opportunity gap"
  - "Face-to-face trainings are great, but they take providers away from clients"
  - "Survey centered on barriers to accessing care … emphasis should be on helping people stay on their treatment plans once they do get in"

- "Behavioral issues with children are highly controversial … need to educate parents and school personnel about how to address childhood behavioral issues"
- "Data issues … MH problems are underestimated … minorities do not self-identify or come forward for screening in the first place"

Community Conversations

The highlights and general ideas presented below were taken from the focus group transcripts. The focus groups explored four topic areas: (1) perceptions and definitions of behavioral/mental health, (2) interventions/barriers, (3) service availability, and (4) community awareness. A more complete summary can be found in the Appendix.

Asian Focus Groups

Perceptions and Definitions of Behavioral/Mental Health

- Generally, mental illness is distinguished by comparing normal versus abnormal behavior or thinking. Many community members use the term "crazy" to explain mental health and may attribute behaviors to spiritual things or superstition.
- For many communities, substance abuse is perceived as a behavior and choice, but not an illness or disease. Some substances, like alcohol, are more acceptable than others.
- Overall, these subjects are taboo, stigmatized, not discussed openly, and sometimes only joked about. Fault is often placed on the individual.
- In general, these are viewed as American/Caucasian or Western issues that are different from traditional thinking and definitions. Ultimately the definitions and perceptions of community members may change depending on generation and influenced by exposure to other cultures.

Interventions/Barriers
- When these issues come up many community members do not seek outside assistance, but simply "deal with it" or try to self-medicate or cope.
- The family is often the primary resource for support, but many times these issues cannot be openly discussed even with family members.

- In some community groups, people look to spiritual leaders for help and families tend to turn to traditions and practices from their home country or culture.
- Only in extreme circumstances will community members go to the hospital or doctor. Because the problem is not necessarily visible, it is much less likely that community members will seek care outside their community.
- For some communities, seeking helping seems to stay within generations and among peers. But, this may be changing with the younger generations.
- Barriers to discussing the issues include stigma, intergenerational issues, lack of language to properly express feelings, and concepts such as "saving face," pride, and minimization.
- Barriers to seeking services include confidentiality or worry that others in the community will find out which will negatively reflect back on the family as well as financial and time barriers.
- Additional barriers include language and cultural competency by providers, translators who are well-known community members and little confidence in and experience with Western medicine.
- Suggested resources to address these issues include presentations at community organizations or clubs, education to help community members acknowledge the issues, printed materials in multiple languages, resources to educate spiritual leaders, funding, community centers, and general information about how to start a conversation around the topics including specific vocabulary that can be used.

Service Availability
- Many community members did not know of services available in their community.
- It was much more likely that only those who had experienced one of the issues would know about the services.
- Community members would like services that are tailored to the communities' culture, language, and experiences including services in many languages and services that are culturally competent and responsive.
- These services should be easy to access and transparent as well as discretionary and confidential.

Community Awareness
- In order to educate and increase awareness of the issues, community members felt that a conversation needed to be started early and used in everyday conversations.
- Suggested locations for this conversation included community meetings, online or social media platforms, education systems, and public places outside of mental health facilities such as grocery stores, shops, or restaurants.
- Additional suggestions included working with community leaders such as faith-based leaders or teachers and taking advantage of the time when community members are available such as Sundays when they are not working.
- Ultimately, the information needs to be for both providers and community members and be framed within culture, generation, and language.

Black/African and African American Focus Groups

Perceptions and Definitions of Behavioral/Mental Health

- In general, for mental health, the commonly used word is "crazy." However, the exact definition of mental health is not clearly understood.
- For Blacks/African Americans born in the U.S., it is associated with behaviors that the general population might also experience, but could otherwise control.
- However, the definition and understanding of mental health varies according to generations and for African Americans has transitioned with time in the U.S.
- Generally, substance abuse is defined based on the substances used and the dependence on these substances.
- For Blacks/African Americans born in the U.S., substance abuse is identified as using illicit drugs. This group felt that the general community would not identify prescription drugs and alcohol as substances that are being abused.
- For foreign-born Blacks/Africans, traditionally, alcohol has been more accepted than other substances like cocaine or marijuana, which were looked down upon. However, here the community is more accommodating for those who use these substances.
- A strong stigma surrounds these issues. Generally, people feel embarrassed about getting the help they need or they believe they don't need help.

- For Blacks/African Americans born in the U.S., among the younger generation, there is a feeling of normalcy, acceptance, and apathy. Specifically, among church communities, the belief is that faith will "get them by."
- For foreign-born Blacks/Africans, the reaction to these issues may depend on whether the community members' views are more traditional or not.

Interventions/Barriers
- Traditionally, these issues have been handled privately within family or among tight, trusted social circles.
- For Blacks/African Americans born in the U.S., among those of faith, pastors have been a source for counsel and support. Today, the younger generation turns to social media and each other, instead of relying on the wisdom and experience of the older generation. However, a trend seems to be emerging that as people gain access to insurance and become aware of mental health coverage, they are more willing to use services.
- For foreign-born Blacks/Africans in Utah, family will intervene even more so than in Africa.
- For Blacks/African Americans born in the U.S., barriers to seeking care include stigma, trust, negative past experiences, cost, insurance, a disconnect between cultures including religions and race, especially in Utah, and the lack of African American mental health providers.
- For foreign-born Blacks/Africans, barriers included unfamiliarity with the terms or concepts and difference between cultures.
- Desired resources include guidance on when to start seeking help, education for both communities and professionals that help with cultural competency and literary needs, resources to share community issues with political leaders, a directory of mental health providers and resources for help, and resources to help communities talk about the issues.

Service Availability
- Few resources were identified by the group, but included schools and churches.
- Some felt that even if the community members knew of the resources they would not use them.

- Suggested services included more African American mental health providers, receptive and understanding service providers who are certified in cultural sensitively and awareness, free work from mental health experts to reach children in schools to begin education about these issues early on, mentors who are on the same level as children to help guide them through these issues, and services to help young men deal with and express their frustrations.

Community Awareness
- Overall, stigma needs to be addressed and the options available for treatment need to be presented.
- For Blacks/African Americans born in the U.S, the most effective strategy would be to identify individual generations and communities and work with the leaders of these groups. It is important to work with all of these groups. It needs to be a community effort that starts within the community itself and will be influenced by major black communities at-large.
- For foreign born Blacks/Africans, the best strategy is to use community organizations for each different African community and to work with other organizations already involved in these communities (e.g., schools, churches, work places, county programs, etc.).

Hispanic/Latino Focus Groups

Perceptions and Definitions of Behavioral/Mental Health

- For U.S.-born Hispanics/Latinos mental health is part of well-being and how someone looks doesn't necessarily mean they're healthy mentally. Overall the issue is stigmatized as an expensive "issue," but is thought to be more common in today's world.
- For foreign-born Hispanics/Latinos, the label of "crazy" is applied to mental health, and it is not seen as a real health issue.
- For U.S.-born Hispanics/Latinos, social events/gatherings have become a way of hiding addictions. The group explained that a double standard exists for substance abuse between men and women.

- For foreign-born Hispanics/Latinos, substance abuse is an escape from reality and many times begins with prescription drug use.
- Overall, there is a lack of awareness about these issues and the community reacts with fear and frustration due to a lack of understanding the problem and its solutions.

Interventions/Barriers
- In general, Latinos turn to other Latinos for help.
- Ultimately, there are not enough resources available, so the community turns to families and friends.
- Barriers include a lack of education in navigating the U.S. health care system, racism, language, stigma, time spent at work, and non-differentiated attitudes toward Latinos meaning providers view all Latinos as one group, instead of acknowledging that there are many differences among individual Latino groups.
- Even though there might be programs available, Latinos need somebody in their cultural network to connect them to the resources.
- Desired resources included culturally and linguistically appropriate advertising of resources, effective school programs to promote awareness of mental and substance abuse issues, better programs that target mental health needs not only with linguistic but also a cultural competence, and more funding for Latino-based efforts in mental health.

Service Availability
- Overall, the group knew about and identified many services available in their community.
- Community members would like mental health clinics, comprehensive drug therapy, affordable and comprehensive diagnoses, culturally and linguistically competent services, and after-rehab programs.

Community Awareness
- Suggestions to educate and increase awareness in this community included the effective use of social media outlets such as texting and Facebook, large grassroots movements to elevate the discussion of mental health and substance abuse issues, the introduction of culturally competent agencies, large advertising for available

resources, providing resources in Spanish, workshops on navigating the American health care system that include education about mental health, and educating students from a young age about mental health needs and substance abuse issues.

Native Hawaiian/Pacific Islander Focus Groups

Perceptions and Definitions of Behavioral/Mental Health

- Generally, mental health issues are considered "childish," "immature," or "individuals being slow."
- While these issues may be common, there isn't much dialogue in the community and people feel embarrassed, annoyed, or joke about these issues.
- Mental health issues are a private matter in the families. They don't want to do anything that would cause the family to be labeled as having "crazy members."
- Substance abuse is rarely acknowledged by the community. It is usually considered as a phase that mostly young boys, go through.
- For Tongans specifically, they believe mental illness is due to an imbalance of an individual's mind that can be caused by genetics or experiences and creates abnormal behaviors, but wasn't recognized until they lived in the U.S.
- For Tongans, mental health and substance abuse are related and can affect one another. Substance abuse can also influence domestic abuse and domestic violence.

Interventions/Barriers
- Some community members may turn to religious and spiritual leaders for help. Others may seek out professionals such as counselors, psychologists, or psychiatrists or programs/committees. Youth may turn to friends. But in general, seeking outside help is rare.
- Barriers include pride or family reputation, feelings of embarrassment, trust, lack of communication and stigma. There is also a lack of knowledge and finances to seek certain assistance.
- People with mental health or substance abuse issues are only taken seriously when diagnosed or referred by a doctor or court.
- Suggested resources included visual resources that relate to Polynesians, affordable resources for those who are affected by these issues, hotlines in

different languages that will help people provide resources and seek assistance for these issues, seminars or clinics for older generations, and trainings on how to care for individuals affected by these issues.

Service Availability
- Many community members are not aware of services, especially those primarily for Pacific Islanders.
- Some are aware of specific services, and among Tongans, the young adults are more aware of services.
- Desired services include counselors or professionals within the community as well as culturally competent people from outside the community to help people within the community.

Community Awareness
- Effective strategies to educate and raise awareness included targeting different age groups, using faith-based connections, and community centers.
- Other suggestions included creating interactive activities for children and youth, visual resources through television such as commercials or shows that provide an education network for older generations, other education flyers and pamphlets, having frequent positive conversations, discussions on barriers and challenges faced by families, and trainings on the realities and causes of these issues and how to address them.

Analysis

Survey Respondents

Of the 70 BH/MH service providers that responded to the survey, a majority represented county government organizations (33%), nonprofit organizations (21%), or private practices (17%), with the remaining providers working in a variety of other organizations or practices. This gives insight into the concept that the BH/MH professional workforce may be more likely than primary care or hospital systems to be made up of independent practitioners or small group practices that form provider networks, rather than large facilities or large practices. Furthermore, while more than 50% of respondents were counselors, therapists, social workers, or psychologists, approximately 15% or more identified their primary roles as other professionals

like medical providers who also act as BH/MH services providers. This introduces the perspective that BH/MH services intersect with other fields and professions and that the services might be provided by someone acting in a primary role outside of BH/MH. Ultimately, these dynamics may act as challenges in terms of developing standardized practices or policies that can be used across the entire field of BH/MH service providers.

Additionally, the respondents heavily represented Weber (40%) and Salt Lake (39%) counties. The remaining represented counties seemed to cluster around the Wasatch Front with Washington County as an outlier. This is a limiting factor in the extrapolation of survey results across the state and other counties. However, this also might be an indicator of the limited number of counties that have BH/MH providers that are currently serving or interested in serving racial/ethnic minorities. This demonstrates a need for improved BH/MH services among racial/ethnic minorities in these counties and also counties across the state.

Service Population

Providers indicated that their three main service populations are adults with substance abuse, adults with mental illness, and children. The most served special needs populations include those encountered through the justice system, LGBTQ, veterans, seniors, and children in state custody. This indicates that individuals with substance abuse and mental illness issues are receiving BH/MH services to some extent. However, only seven percent of providers said that a majority of the population that they currently serve are racial/ethnic minorities and 24% of providers said that 0-10% of their service population is racial/ethnic minorities. Furthermore, the language predominantly encountered in the last year besides English was Spanish, and for at least 12 providers, the only language they encountered was English. This may identify a gap in BH/MH services provided to racial/ethnic minorities.

The conversations in the community discussion groups confirmed that many racial/ethnic minority community members do not receive or seek help for BH/MH. All groups emphasized that when these issues arise, family and/or spiritual leaders are the primary source of help. Many groups explained that only in extreme circumstances are BH/MH providers sought out. The Asian, Black/African and African American, and Native Hawaiian/Pacific Islander groups all expressed a lack of awareness about these services, while the Hispanic/Latino group focused on frustrations with health-system navigation. All groups explained that there are linguistic and cultural barriers that prevent them from seeking and receiving care.

Services and Barriers

Providers reported language availability for services mostly in Spanish, but also in Chinese, Portuguese, Tongan, Samoan, Vietnamese, Navajo, and other languages. However 12 providers offered services in English only. Furthermore, the language availability of providers did not perfectly match languages encountered, specifically with regard to Farsi, Arabic, and ASL. This may be indicative of a larger gap between the language assistance services available and the language need of individuals or communities.

Each of the community discussion groups identified language as a barrier for seeking and receiving BH/MH services. However, the Asian and Black/African groups elaborated on language needs by explaining that many of the American/Caucasian or Western concepts related to BH/MH services are different from their traditional perspectives. As such, community members might not have BH/MH language or understand BH/MH concepts despite technical language competencies. This can widen the communication gap and supports the need for cultural understanding.

Regarding hours, a majority (69%) of providers were not open before 8 a.m. Monday-Friday, but many (79%) did report staying open past 5 p.m. However, fewer providers were open on Saturday between 8 a.m. – 5 p.m. (33%), and even fewer before 8 a.m. (13%) and after 5 p.m. (14%). Providers listed inconvenient hours least when it came to citing barriers to accessing BH/MH services. Instead providers thought lack of adequate insurance, affordability, transportation, stigma, and childcare were the top most common barriers. Below these were beliefs that services don't help, Limited English Proficiency (LEP), and inaccessible location/distance. In the provider follow-up discussions, providers expounded on scheduling and demand constraints, cost and insurance coverage, personal and community perceptions, and sociocultural factors.

The community discussion groups repeatedly emphasized stigma, language, cultural beliefs, and lack of cultural understanding by both patients and providers as primary barriers to BH/MH services. Also mentioned were financial and time constraints. The Hispanic/Latino community explained about difficulties navigating the health system and U.S.-born Black/African Americans emphasized trust and negative past experiences. Another barrier, mentioned by community members, but not providers, was confidentiality and embarrassment, which may be related to stigma. Community members expressed concerns about other community members negatively

labeling their families if they sought care. Furthermore, community groups with Limited English Proficiency expressed increased concern about confidentially issues with interpreters who may be from their community.

The provider follow-up discussions seemed to more accurately align with the barriers identified by community discussion groups. This may indicate that these providers have more experience with these communities. Ultimately, understanding the differences in priority of barriers between providers and community members may be helpful in providing services to racial/ethnic minority populations.

Policies and Workforce

At least 30% of providers reported that their organization/practice does not have any policies that address serving minorities, underserved populations, or individuals with Limited English Proficiency. While this shows the need for these policies among 30% of providers, it does not show the extent of current policies or potential for improvement.

When asked about staff reflection of their service population, only 63% agreed. This could be an indicator that fewer BH/MH providers are racial/ethnic minorities themselves. Many of the community discussion groups expressed desires for BH/MH providers from their own communities. This was especially prominent in the U.S.-born Black/African American focus group. This strengthens the concept that racial/ethnic minority community members would like to see a more diverse workforce for BH/MH needs.

Resources

In follow-up discussions, providers expressed the need for better services coordination including directories for funding and languages. Providers also suggested the need for outreach and awareness for racial/ethnic minority communities. Providers said that referral networks in underserved communities need to be strengthened, and in some communities, established. Providers requested assistance with enhancing referral networks by educating and engaging faith-based leaders, cultural elders, and other trusted members of the community with whom providers might not regularly engage. The community discussion groups identified these exact needs, but also requested cultural and linguistic training or certification for BH/MH providers. Ultimately this combination could facilitate a relationship of understanding and trust between the BH/MH field and underserved communities, which is essential to increasing access to care.

When asked about engagement methods, providers requested resources and information in new media formats. They want it to be accessible on-demand and in digital, portable formats rather than large group gatherings or face-to-face trainings. This may indicate BH/MH providers' interest and use of information related to serving racial/ethnic minorities could be affected by barriers related to delivery method.

Recommendations

Due to the nature of the survey conducted, the following recommendations are focused on providers, but are also strongly encouraged for agencies and/or organizations.

Policies

It is recommended that BH/MH services be guided by policies that address service to minority or underserved populations as well as provisions for individuals with Limited English Proficiency. The U.S. Department of Health and Human Services' Office of Minority Health created the Culturally and Linguistically Appropriate Services (CLAS) standards for this purpose. The CLAS standards aim to systematically advance health equity and ensure the delivery of culturally respectful and linguistically responsive health services. CLAS guidelines were developed for use by all federally-funded health programs and are highly encouraged to be adopted by all health organizations regardless of funding sources.[5] It is also recommended that BH/MH services with existing policies evaluate these policies to ensure alignment with CLAS standards. With Utah's shifting sociocultural, racial/ethnic, and linguistic demographics, increased compliance with CLAS standards can be highly beneficial to agencies seeking different types of accreditations, Utah's BH/MH care workforce and residents.

The OHD offers information, resources, and tools related to implementing CLAS standards. *A Class About CLAS* is a video introducing CLAS standards and has an accompanying discussion guide to help initiate conversations about the video. The CLAS Toolkit was developed to inform agencies and programs about CLAS implementation efforts.

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[5] Office of Minority Health (n.d.). *Think Cultural Health: The National CLAS Standards.*

Service Area(s)

It is recommended that BH/MH providers gather data about who makes up their service area(s), so they can better serve racial/ethnic minorities as well as anticipate potential language assistance needs or cross-cultural communication barriers, particularly for LEP service populations. [The U.S. Census Bureau's American Community Survey](#) provides information about race/ethnicity and language data for Utah. [Utah's Public Health Indicator Based Information System (IBIS)](#) contains data on Utah's demographics as well as specific health topics related to BH/MH. The Utah Division of Substance Abuse and Mental Health also releases an [annual report](#) that includes service populations by local authorities. Additionally, the OHD is currently compiling a language data report to identify the top languages spoken in each county and health district, which can be a resource for BH/MH providers to better understand their service areas' needs.

Translation and Interpretation

Proper translation and interpretation are crucial to improving access to services and providing culturally and linguistically appropriate services, especially for LEP patients and clients. It is recommended that BH/MH services follow basic principles like clarity, accuracy, appropriateness, and privacy and confidentiality. Additional recommendations include procedures and tips such as using trained interpreters, adequately preparing for interpretation in terms of time and funding, seating arrangements, repetition, or completeness of dialogue. The OHD has developed an [interpretation toolkit](#), [translation toolkit](#), [translation manual](#), and [language identification booklet](#) to assist providers in providing culturally and linguistically appropriate services, particularly for LEP patients and clients.

Members of racial/ethnic minority communities specifically expressed concern about confidentiality in using an in-person interpreter (see Appendix). In an effort to establish a positive relationship between the provider, interpreter, and the patient, it is recommended that the provider reiterate to the patient that his or her confidentiality will be preserved by both the clinician and the interpreter. ([Dos and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings).](#) Telephonic interpretation may be utilized, in certain circumstances, as an alternative to in-person interpreting to address the concern of a breach of confidentiality. The OHD recommends planning for language services proactively by establishing a set of practices or guidelines for providing language services.

Cultural Responsiveness

Along with proper translation and interpretation, cultural awareness, understanding, and responsiveness are also crucial to improving access to services and providing culturally and linguistically appropriate services, especially for LEP patients and clients. It is recommended that BH/MH service providers be aware and informed about potential cultural differences that may affect the quality and effectiveness of their services provided. The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMSHA) has released guidance for agencies, groups, and individual BH/MH professionals to effectively serve racial and ethnic minorities. This guidance, *Improving Cultural Competence: A Treatment Improvement Protocol (TIP) 59* under the SAMSHA Strategic Prevention Framework, offers guidance for BH/MH providers about how to assess needs of the community, build capacity to address those needs, create and implement a plan to address needs identified, and evaluate the effectiveness of the effort. Providers can also refer to the Appendix to learn about serving racial/ethnic minorities in Utah from the individuals who participated in the focus groups.

Moving Forward

The OHD is currently developing a tool to raise awareness about providing culturally and linguistically appropriate BH/MH services in Utah. This tool will take into account BH/MH providers' needs regarding on-demand and accessible resources. Ultimately, it is intended to provide guidance for BH/MH providers as they serve racial/ethnic minorities in Utah.

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Asian Focus Group 1 (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
Mental Health • Distinguished by comparing normal versus abnormal behavior or thinking. • A taboo subject that is stigmatized and not discussed openly. • Some believe it's caused by spirits. **Substance Abuse** • It is a behavior and choice, but not an illness or disease. • It isn't directly talked about, but for some communities, it's talked about more than mental health. • For some communities, it is viewed as a cause of mental health issues due to substance use during pregnancy.	**Mental Health** "Anything that is abnormal behavior, we think is a mental health issue." "Within the Thai community if somebody has a different behavior, they would blame it on spirits, evil spirits, possess[ing] them or something like that." "Filipinos, are similar to Vietnamese, if it's anything abnormal … it's mentally crazy. We always refer to it, but we never talk about what it actually is." **Substance Abuse** "Mental health is something that is unavoidable, but [substance abuse] is [something] you have a choice to do it or not do it." "It is a seen as a product of the environment. It is not necessarily that they are addicted to a certain substance, but because of their upbringing like their parents did not pay attention to them so now they are drinking, etc. Because they weren't raised in a good

Brief Summary/Key Points	Notable Quotes
	environment. They choose to do this because of these factors."
	"We think different. We say it's not like a disease. Over here [they say alcoholism] is a disease because you cannot tell them to stop. Like cancer you can't tell people to stop having cancer. They kind of put it the same. But for some reason, our people still think it's a choice."

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
Mental Health - It is a taboo and stigmatized topic. - It is a topic that is not discussed openly and others shouldn't know about these issues. - In general, it is viewed as an American or Caucasian issue. **Substance Abuse** - It is there, but not talked about. - For some substances, it is accepted. - In the Filipino community it is more associated with males.	**Mental Health** "Mental health is always viewed as more of a taboo subject that we don't talk about and that we pretend is not there." "…if you hear someone's relative has it, you [think …] oh poor them, they have to take care of that family member or oh, they are just seeking attention. It is not real. It is an American, a white people kind of thing to have to recognize it. It is a Western issue." "But we don't want people to know. We want them to be in the mainstream." **Substance Abuse** "It can be brushed off. It is a problem, but it is a problem that a lot of people have."

	"You could easily get away with using. People just accept that they do it. It is a problem, but get over it."

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
• The thinking and reaction continues to be rooted in traditional thinking and practices.	**Mental Health** "They don't talk about it over here. They are hiding it from society. They don't bring them out to any social gatherings. Only if you are a really good friend to them do you know they have a mental health [issue] in the family. But they always still lock the kid up in the house." **Substance Abuse** "The men are still kept in the family. They are not told to deal with it. They are still there. And everyone knows to just avoid them or not trigger any bad behavior from them."

Interventions, Barriers

4. Who do people turn to or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
• Some go to the hospital, but it is much more likely for community members to go to spiritual leaders. • In some communities, people tend to turn to traditions and practices from	"For the Thai [community], they go to the temple and have the monk chanting on them and cast spells on them. Because they think it is a bad spirit that possesses them."

their home country or culture. • For some communities, seeking help seems to stay within generations and among peers. However, this may be shifting with the younger generations.	"For mental health, they go to church. But it isn't necessarily talking to the priest until it is like getting really bad. The priest comes to our house. Even it is not really bad, they will ask the priest to come to their house versus taking whoever is afflicted to the church because it has to be a private thing. It is only family that should see this, that should support this." "There are other practices [or thinking within certain communities] where if you are mentally sick, then you are a under the possession or under witchcraft … or where you have been hexed. There is something abnormal with your behavior because you did something to someone or your family did something to someone and you are the victim of it. So you have to be cleansed. There are different spiritual processes for that. You have to figure out who you are indebted to or who you could have done something to and you have to talk to them and you have to get that person's blessing in order to [expel] the vile in you, the spirit in you. But if you don't know who and if you can't find who then you are forever just stuck with it." "If the youth had it they would talk to their cousins. They would never bring it up to their parents because you will get in trouble. Parents would talk to their [siblings]. It stays within age groups. It doesn't cross generations." "1.5 generation and onward are more willing to talk about it with each other and are more willing to bring it up with parents."*
*1.5 generation refers to children who immigrated a young age	

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
• The issue is stigmatized, so it is not brought up and viewed that only the Caucasian American community talks about it. • People are scared of people finding out, so it is not told to anyone. • Affected by intergenerational issues. These are impacted by birth country and generation.	"If you do acknowledge it, then you are making it worse. If you talk about it you are making it worse." "Even if your family knows about your substance abuse or mental health issue, it is supposed to be kept as a secret. You don't want anyone else outside of the family to know. What are they going to think of your family if you have someone like that?"

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
• Only in extreme circumstances will community members go to the hospital or doctor. • Because the problem is not physical and not necessarily visible, it is much less likely community members will seek care. • The stigma is a barrier to seeking services. • Because there is no confidentially within the community, members do not seek care out of fear of being seen or being negatively labeled. • In some communities there is little confidence in and experience with Western medicine. • Additional barriers include language	"Something that is common within the different [communities] is that if you are not bleeding, you don't need to see a doctor. So especially for mental health and substance abuse, there is no physical harm; it's an internal thing so fix it yourself." "Mental health is always viewed as more of a taboo subject … that leads to people not wanting to seek treatment when something is wrong. Because if they admit that something is wrong they are labeled as crazy." "That is why we don't have a lot of Asian people use the [services] at all. People don't want to be seen. It is a very private issue. They don't want people to see [them] waiting … for

and cultural competency by providers as well as cost. • The translators also pose a barrier because of sensitivity concerns.	a counselor." "Even here right in Utah, they are afraid. If [they] go for help, what if there is a Filipino there who is working in the hospital? They are going to rat us out. They are going to tell other people about our family and how we are seeking help for mental health. And everyone is going to ostracize us in our community." "I don't think people believe in such a thing as rehab. It's more of a self-effort to fix it. They don't believe that Western medicine and treatment is going to be effective for these issues. They just don't have enough experience with it to trust it." "A large barrier for people seeking out the health care might be language barrier and cost. If they don't have insurance, the financial burden of seeking medical help is not something they can afford. And if they don't have medical personnel who can speak their language and they have a limited English ability, they simply cannot seek help." "For medical things, there are translators available, but I don't think for mental health issues that they want an outsider, a translator to be present while they talk about their personal mental health issues. Because you don't want them to know because the translator, he is one translator, but he knows everybody in the community. And then they are afraid he will say his story to somebody else."

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Resources for education for spiritual leaders • Funding support • Community centers • General information to start a conversation around the topics	"Speaking for the Thai community because everybody goes to see the monks, we need to educate the monks. For something you can't fix, you have to refer to the next agency. Because they are kind of happy that you come see them because … they like the idea of people coming to them because they are their spiritual leaders in the community. But maybe some people really need help from the mental health counselors or medicine even. But a lot of times they don't refer to the next agency at all. They just fix it right there and send them home." "So reaching out and personalizing the type of care and making sure that the different types of spiritual and religious leaders know. And making sure that whoever is doing … this kind of educating of religious leaders, so that they know …" "And making sure that no matter what at least you have information out there. Making sure that at least it is being talked about." "Through our discussion today it is like wow, we don't even know how to say some of these things because we don't talk about it often. And we don't know how to explain it because we haven't had to explain it. Even doing that would be really helpful." "Money. In terms of trying to get more of our own people into careers that addresses these

Brief Summary/Key Points	Notable Quotes
	issues of mental and behavioral health. And that will fund them from the get-go. And so they will stay within Utah to address needs."

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• Overall no. • However those who did know explained that the services are not accessible.	"Yes, but it's not like very accessible. It is so hard to get an appointment for mental health counseling. It takes months, even if you pay for it."

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• Individualized services that are available in many languages and that are culturally competent.	"Also culturally competent programs that address these issues, in a local way …" "More therapists in different languages."

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
• Community meetings • Information in public places • For the youth, public places that give the option for choice • Not just in mental health facilities, but	"Having … a center that starts these conversations young talking about mental health and behavioral health and addressing it in ways that we can express through art, activism, and learning about histories of

where people are, like the shops or noodle houses • Starting the conversation, starting it early, and also initiating the conversation in everyday life • Making sure the information gets to both providers and community members	people and being able to connect all of that. The less we talk about it the more stigmatized it is. If it is a part of our daily or weekly conversations, it would get rid of a lot of the stigma." "I don't think there is a quick fix. This is kind of like years and years of not talking about it. Starting a conversation is necessary. People need to be able to talk about it and feel and change their mindset about what mental health is. And the fact that mental health is even a thing." "We have to be able to tell our people that it is OK that you have a mental health kid. Nobody is going to ridicule you. It is not a sin, but right now it is a sin on the father or the mother to have a kid come out like that. And probably similar to drugs. You don't talk about it. It is a hush, hush thing. It is embarrassing, a disgrace to the family's name." "But the people who need it most, they never go to the community meetings." "Having the Asian specific information in regular places." "Making these services, the individualized services, and if there are translated packets or brochures, that it is not just staying within the Asian American community … so it is not siloed to that community and they can get it where ever they go."

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
N/A	N/A

Asian Focus Group 2 (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
Mental Health • Many community members use the term "crazy" to explain mental health. • Definitions of mental health in home countries differ from those in Utah. For some community members, their understanding began to change when they began living in the U.S. However, conflicted understanding can exist in transition or between generations. • For some communities having a mental health issue is explained through superstition. • There are words for it, but they are more attributed to personality traits. • Ultimately the definition of mental health is different depending on generation and acculturation.	**Mental Health** "[Back home] when somebody says that [they have] mental health [issues]. They think you are crazy. But living here, I can see [there is a] different association. [It may be] crazy, stressing out or anything like that. " "It is similar in the community … [the] general view is when someone says mental health or mental illness, [they] start to think that person's crazy, that person has some sort of evil spirit or something has possessed [them]. It's more superstitious." "For us, we know that it is a mental health issue, but our parents didn't have that education. It is stigma from back home." **Substance Abuse**

Substance Abuse	"Alcohol, in my community, we don't really think of it as a really big issue."
• For some communities, even if community members are alcoholics, it isn't considered a problem and is more accepted.	"They bring the mentality, that belief here."
• Similar to mental health, the view of substance abuse may change with time in the U.S. and acculturation.	
• The definition changes according to your position and roles within the community.	
• The normal behaviors in the home country may be considered substance abuse in Utah.	

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
• Some community members view mental health as a Western issue. This can be affected by intergenerational differences.	"It comes from the fact that things that identify mental illness, like certain traits or habits, [we] look at it and it is just the way that person is. It is not a mental illness. That's why the only reason they see mental illness as something bad is because that is when mental illnesses are really serious or scary. Otherwise, it is just the way you are. If you are depressed, you are just being lazy."
• Generally, community members feel scared or embarrassed.	
• For older generations, this might not be a priority in their hierarchy of needs as compared to the young generations. This is considered a gap and can cause intergenerational conflicts.	"It is just a personality trait. Not something that needs attention or medical care."
• Hierarchies exists between husband and wife with the male being able to do whatever he wants and that might include substance abuse.	"Anything that deals with taking care of your mental health is what white people do. A psychiatrist, a therapist. That is what rich, white people do. Not only can I not afford it,
• In general, across both issues, for some communities fault is placed on the	

Brief Summary/Key Points	Notable Quotes
individual. • There are feelings of shame surrounding the issue and possible apathy because everyone is dealing with hard things.	why would I send you to a therapist? That is not what [our] kids do." "It is really normalized. Of course you should feel that way. Of course you are stressed." "Within the younger generations, there is an opportunity to work through those things because that is what we are taught in school: talk about how you feel." "There is a … culture of shame. If something happens to your mental health or substance abuse-wise, it's like in your community you are a shame … Then you feel ashamed … I brought this on my family and look at all the hardship I am bringing on my family after everything they have done for me. It's a whole pyramid of shame." "In the Taiwanese community, we are more open to willing to acknowledge if family members have those kinds of problems and need help."

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
• People will react differently depending on how serious it is. • Some might joke or simply ignore the issues. • Overall the issue is not talked about. • There is the notion that you should just work harder.	"Back in [home], we really don't discuss it much." "People make it casual, unless it is so serious that it can't be ignored." "Or if you just started working harder you would not be depressed."

	"I feel like they won't even acknowledge it."

Interventions, Barriers

4. Who do people turn to or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
• For many community members, they do not seek outside assistance, but simply "deal with it" or try to self-medicate or cope.	"There is always sort of a ritual or practice." "Mental illness is something you can just pray away."

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
• Intergenerational issues • Lack of language in properly expressing feelings not just general feeling • Concepts like saving face, pride, and minimization. • For some communities, the conversation about these issues had already started with their parent's generation. • There is a worry that others in the community will find out and it will negatively reflect back on the family.	"Even if I felt like my parents could properly handle this, I literally cannot even speak to them in such a way. They only speak Cantonese and their English is very limited and my Cantonese is very limited." "In the Asian population, we are looking at a lot of saving face. I don't want my … family to have a mental illness; I am not going to talk about that. I don't want my … family to have a substance abuse disorder issue. So therefore, we don't' talk about it." "It's all minimized. Whether it is minimization or it's just bad luck or somebody was out to get me."

	"It is minimized for multiple reasons – don't understand, superstition, or losing face within the community."

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
• There are financial and time barriers that do not allow some community members to seek assistance. • This might depend on the certain community and the development status of the home country. • After hearing about the services, younger generations might be more willing to seek them. • Some parents are in denial that their kids need help.	"For the queer people of color … especially in Utah, it is really hard to find queer-friendly, trans-inclusive mental health care that is covered through health insurance, who is also culturally competent to all the different identities that you carry with you as a person of color, as an Asian American queer person. More often than not, it just doesn't happen." "You just don't. You just deal with it. It's not a problem so you don't get help." "As the daughter of immigrants, it is like they crossed oceans for me to be here. As student, my college education and everything that I am going to do in my life is to justify their sacrifices for me. And … getting access to mental health services is seen as an act of weakness. You just admit defeat kind of thing. By doing so it is like what did my parents come here for? Why can't I just suck it up and do it? As a student … you carry that burden with you. And I think that really affects whether or not we access mental health [services]." "It's so shameful to have something like that. So you don't want to seek the treatment. Even the people that [you] live with don't know. Other family doesn't know … You just hide

	what you have because it is just so shamed upon …"

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Presentations at community organizations or clubs • Education to help community members acknowledge the issues • Printed materials in multiple languages • Helping people know how to communicate about it and the words they can use	"There are a lot of Asian American students … that could really benefit, who don't even know that they could benefit from mental health services. It's just not even in their heads." "Printed materials may be really helpful, because they may not want to talk to you about it …" "They don't even have language to deal with it. So giving people the language and showing them this is a real thing and there are words for it." "For a minor who cannot come out to her parents, and may or may not have the language to do so, how can you still get connected to resources? How can resources be more transparent?"

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• Only if you have experienced it and have sought help. • International students may not know	"As a queer Asian American, there are no resources in Salt Lake City. There's none."

where to seek help.	"It is hard to find the resources in Salt Lake City." "That is something I sought out and had to struggle to do."

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
- Services tailored to the communities' culture and experiences - Services that go out to the community - Discretionary and confidential services and transparent services that let you know who is going to know about your use of the services, especially for minors. - Health professionals within the communities' culture, but also those outside of the culture to be culturally competent and mindful of Asian cultural aspects that might impact services. - Services for minors that address the issues early on. - Not just culturally competent, but culturally responsive services, especially for new populations arriving to Utah. - Services that are available outside of regular business hours.	"Having mental health professionals that look like us is so important. My mom does not trust white people. She never will and … with good reason. My mom has never been respected by white doctors, by Western medicine and she probably never will be." "I think we are really quick to ask how do we access mental health services, but when we do, do we get what we need? What do you do when no one looks like you and no one is going to understand you? You can point people in the right direction, but they are still going to be lost." "People who are trained, but also understand you." "Ability with different languages." "Discretionary services. Having several different locations that you feel comfortable traveling outside of your community."

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
- Work with intergenerational population. - Have information in their own language. - Both using personal networks and broadening resources outside of a personal network. - Using online venues and social media platforms. - Using education systems such as universities. - Placing the information within the framework of culture. - Educating parents. - Putting the message in places outside of mental health facilities like grocery stores or school events. - Capitalizing on the time that community members are available like on Sundays when they are not working. - Working with community leaders like faith-based leaders or teachers. - Simple exposure to the issues.	"Telling people that it is OK to seek help; emphasizing that message." "Having representatives at community events, at community centers. That's probably the best way you are going to get to the older generation and if at all, besides going door to door." "Talking about it, not in an American context, but meeting them where they are at and also where their cultural framework is at. And what my parents understand mental health to be. It might not be in a Western context. It might not be an American-way of thinking." "Trying to reach out to people already established in their community"

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
• Symptoms for Asian populations may be different. • The younger generation might not understand what they are experiencing and have the skills or knowledge to take medications. • For the queer community mental health is discussed more often. And mental health is more of an acceptable topic than substance abuse. • For queer communities the definition is hard because of the societal context. These community members might be misdiagnosed because of the stigma surrounding this community. • Some community members were aware of resources at the library in their own language. • Services that were offered in a sensitive matter would be readily recommended to other members of the community. • Some individuals who identify as Asian Americans feel detached from the Asian community.	"Asian populations … present with somatic symptoms rather than just I'm depressed. Mainstream population will present in sleeping a lot, crying a lot. The Asian communities, they are going to talk about stomach pain, headaches, my bones hurt, I feel hot or I feel cold. So they are either going to the doctor's too much or not looking at potentially having a mental health issue." "Queer folks have a more transparent discussion and understanding of mental illness and mental health. But when we talk about mental health it is because it's really [bad] for us. We don't talk about it like how are we going to take care of ourselves today, but oh wow this is so terrible." "It's really normalized. For example, getting wasted every weekend … it's not anything unusual. Because we don't talk about substance abuse, people don't know when it happens." "How do we talk about mental health in queer Asian communities, when your literal identity is seen as a mental illness? What happens when you are mentally ill and you are misdiagnosed?"

U.S.-Born Black/African American Focus Group (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
• General feeling that mental health and substance abuse overlap within the community. **Mental Health** • Generally, the word that is used is "crazy," and this has a negative connotation; but, the exact definition of "crazy" is undefined and not clearly understood. • Mental health is associated with behaviors that the general population might also experience, but could otherwise control. • Mental health can also encompass the absence of anxiety or worry about your current and future circumstances. • Mental health can also be tied to cultural and religious values. • However, the definition and understanding of mental health varies according to generations, with younger generations, perhaps, being more aware of certain mental health conditions, like autism and ADHD, but also having normalized other conditions like anxiety and depression. • Ultimately, the definition of mental health is not as clear anymore.	**Mental Health** "We kind of use a blanket statement of crazy to define mental health issues." "Mental health is a behavior. People who act differently from the general population." "We all behave in certain ways under certain conditions … [but] if you are stuck with it and you can't relate to your environment then it is something else." "In my community, in my age group, when we talk about mental health we have defined that as something where you are feeling good about where you are – you are not suffering from anxiety, worried about what tomorrow's going to bring, or who's going to impact you." "In my community mental health is closely defined by church values." "I think the younger generation is a little bit more in tune to things like autism, ADHD, and behavioral issues in young kids, I think we are a little more progressive than we used to be." "I don't understand the line anymore. [There] used to be a line between somebody being

Especially the line between someone needing help and someone needing discipline.

Substance Abuse

- Generally, identified as using illicit drugs, with the notion of going too far and to a point where a person is no longer rational.
- However, while prescription drugs and alcohol should be included in this category, the group felt that the general community would also identify these as substances that are abused.
- The group acknowledges that this definition is shifting to include these substances as society shifts.

undisciplined and somebody having a mental health problem."

"I think there is a real disconnect about what people know about behavioral and mental illness to the degree that it's not helpful. It's forming opinions on no information at all."

Substance Abuse

"And then substance abuse, generally, most people would think … doing illicit drugs like marijuana, cocaine , crack and heroin … but there are other common things like prescribed drugs that people can also use."

"Alcohol, most people won't put into that category of substance abuse because it's legal …
But things that you have to go outside and the [police] might pick up you for buying it, then that is illegal and that is the substance that you are abusing."

"And substance abuse, I agree 100%, that substance abuse is where you go too far to where a point you are unable to think rationally and so forth according to what society thinks – so you have alcohol and other kinds of things, but then there are also those prescription drugs that you can get from your physician."

"It's a big problem and I don't know how to separate the issues of mental health from whether it is an addiction."

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
- A strong stigma surrounds these issues. - Generally, people feel embarrassed about getting the help they need or they believe they don't need help. - Paranoia, especially among males, is also provoked because community members do not know how they will be perceived or treated. - Among the younger generation, however, there is a feeling of normalcy, acceptance, and apathy. - Specifically, among church communities, the feeling and belief is that faith will "get them by." - Community members also feel there is inequality in treatment.	"There is a lot of stigma around it like … you don't want to be judged as the crazy person." "In the black community we feel like we are stronger than this; we can get through it instead of going to the doctor's to seek the help and counseling." "Seeking mental help for mental issues and the paranoia that goes along with what they are going to do to you or how I am going to be perceived … I think that is very real – especially in the African American male" "From my community, from my age group, people kind of are almost a bit blind … because they will face something like anxiety or depression and they don't see it as mental health. And they don't' know where the line is … where they need to seek help. And they see it as … my friend has anxiety too they understand. Or this runs in the family. Or they kind of justify it like it is something that's normal. It's acceptable. It's something that just happens and they can … work with it and fight it … and it is just something that they have and that they deal with." "Within the African American community, particularly those involved with churches who are committed to believing that faith is going to get them by …"

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
- Generally, the topics have been discussed in the community using humor. - However, when a family member has a mental health condition they are treated differently and separated from the larger community because of the stigmatism. - The younger generation tends to see it as a part of everyday life and continue living with it. - The action of seeking help seems to be delayed until children are older and may have reached a point of necessary intervention (e.g., acting out in school, incarceration, etc.)	"In the black community there is this stigmatism. You know you have family members that are different and you treat them differently and you kind of keep them ostracized … they are in the back room and everybody knows the person in the back room got a little issue, so you know you just deal with it. We don't bring them out much, they stay in the back room because you know we don't want the community and people to know about [them] and then we go to church and pray about it and hope that will fix them. That is just kind of our little secret and we keep our secret." "They've … just decided to live with it instead of [realizing] that there is a way that they can actually make it better for themselves."

Interventions, Barriers

4. Who do people turn to or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
- Traditionally, these issues have been handled privately within family or among tight, trusted social circles. - Among those of faith, pastors have been a source of counsel and support. - Grandmothers also used to be a source of wisdom and advice. - Today, the younger generation turns to	"… Keep it within the family structure or people that are very trusted, and then [allow] that person to be themselves and tolerate whatever the behavior happens to be that was considered a mental issue." "Pastors of churches or hierarchy have been asked to be their counselor … [but they] were

Brief Summary/Key Points	Notable Quotes
social media and each other, instead of relying on the wisdom and experience of the older generation. • Historically many community members were committed to an asylum; however, today many end up in jail or prison systems. • However, a trend seems to be emerging that as people gain access to insurance and become aware of mental health coverage, they are more willing to use services.	not, are not trained to do that." "Grandmas were our counselors and now we don't have big mamma's house anymore." "… [Younger] people tend to turn to social media. They find it very open or find it socially OK to put their personal experience such as anything from an anxiety attack at work to feeling a certain way about something going in their life." "[The younger] generation will say we talked about and it is magically fixed because we talked about it and we cried about it." "It is the prisons today; it's the jails [the people turn to]."

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
• Stigma surrounds these issues. Especially the idea that males are weak if they seek help. • Individual's past experience may preclude them from talking about mental health illness. • There is a disconnect between cultures including religions and race, especially in Utah.	"I know it is possible for a person to get mental help without going to shrink … I think we have this mental picture in our head that … if you are getting help for a therapist that you are mentally weak, especially the males in our community." "It's just a cultural thing that we have just got realize that it is ok for us to have those mental breaks … and we need to seek help now and not wait." "I think another issue is even when we cross the line, black people … we end up in jail, in

	the principal's office, suspended, thrown out of school or pushed to another school – behavior school, before the help comes."
	"Sometimes even being placed in jail the help still doesn't come. It's just being labeled "oh you are just a bad kid," but other cultures it's different you know right off the bat … oh nobody has ever acted this way, we need to get you some help. And they seek help … the first time."
	"It's a defense mechanism. I don't want to give you my problems because I have all these experiences that [tell me that] people do not care."

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
• The likelihood of seeking services depends on factors such as generation and insurance status. • For older males it is very unlikely. • The lack of African American mental health providers is a barrier for many. • Concerns exist about the capability of mental health providers to serve the black community, especially with regard to those of a different race and different religion. • Trust is a central issue for many, depending on generation. Generally, among older generations trust is an issue, but among younger generations, having insurance, cost, and credentials	"Black males my age and older, to get us to go to a therapist, that is going to be a tough go." "I think the biggest disconnect is people don't know that you can use your insurance to go see a counselor." "Here in this community in Utah, there is a lot of trepidation about who you are going to. You don't have African American therapists in number that would make you feel comfortable about making those choices and going to those particular individuals. And then of course the stigma that is attached to it. But definitely there are cultural things that have to do with …"

Brief Summary/Key Points	Notable Quotes
might be bigger factors. • Trust issues may be based on past experiences of how black people perceived they were treated or were treated when these issues have surfaced.	"I think my concern is more in regard to how the health service system and providers are attuned to understanding and actually serving the black community." "I think another issue is when we cross the line we end up in jail, in the principal's office, suspended, thrown out of school, pushed to another school – behavior school, before the help comes."

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Guidance on when to get help. • Education for communities and professionals. • Resources to share community issues with political leaders. • Directory of mental health providers and resources for help. • Research to take to legislators.	"We don't have a set mandate on … 'ok when this starts happening you need to start seeing somebody.'" "I think we are talking about something that is like a coin and there are two sides to it. On one side is a big need for more education within the community, so people learn and families are able to identify it … The other side of it is the providers and the people who should be in place to provide the services and they're not doing it. And one of the big reasons and stumbling blocks is the fact that when they see a black person come, it is already pre-determined it is bad. It is not an illness that needs treatment and therefore, it needs to be some concerted emphasis on recognizing that inequality in the availability or quality of services." "There is an amalgamation of issues in our

Brief Summary/Key Points	Notable Quotes
	community that we are not served correctly because we are not expressing issues to our politicians and our policy makers well enough and we are not taking advantage."
	"Education is critically important for the sustaining future of the society; and therefore, there has to be commitment of funds to do whatever necessary to do the research – research to present to the legislature. Without that we are just talking to ourselves."

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• Schools and church resource guides were mentioned.	

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• More African American mental health providers. • Receptive and understanding service providers that are certified in cultural sensitively and awareness. • Free work from mental health experts to reach children in schools to begin education about these issues early on. • Mentors who are on the same level as children to help guide them through these issues. • Services to help young men deal with	"There are not a lot of African American therapists. I don't think that some people would trust going to a therapist [of a different race or religion]. I am not so sure he can understand my issues." "There needs to be some concerted education and collecting data by the State and the health department and then funneling into the university and medicals school. At the training level there needs to be some change in the curriculum. So these professionals coming

| | along will be more attuned to not seeing the negative stereotypes and being able to offer meaningful services."

"The fact that people feel stigmatized, but more than that I think there is a lack of receptiveness and understanding on the part of the professional providers of these services … Or in the schools where there is the thought that, 'oh those kids are just bad.'"

"There has to be something that certifies them to be culturally sensitive or culturally aware." |
|---|---|
| and express their frustrations. | |

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
- Stigma needs to be addressed and the options available need to be presented. - The most effective strategy will be to identify individual generations and communities and work with the leaders of these groups. - It is important to work with all of these groups. - It needs to be a community effort that starts within the community itself and will be influenced by major black communities at-large. - For the younger generation this would be using someone influential like a celebrity or successful individual. - Models exist that have worked and	"It has to be more than single-pronged. We have to understand that there is generational divides or silos … you have to be able to identify what those are and then go into those to be able to say … in the younger generation this is the way it will go. Because you're not going to get me on FB and P-Diddy didn't do anything for me."

"Looking at those barriers at all angles not just for the kids or elderly, but for everyone. Everyone needs to be included to get everyone involved."

"Really it starts in our community and our people … only we can change it." |

could be used.	
	"We have always, as a people, found a way to make do with nothing. So it might just be just us in this room taking what we know and talking about it at dinner at the family."

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
• History of slavery and treatment of black and African Americans in the U.S. that impacts mental health and especially the younger generations. • Historically the prison system handled the majority of mentally ill community members. • Difference between religions, especially among youth, that can contribute to their mental state. This needs to be addressed. • The continuous cycle that kids don't have any high expectations of themselves. • "Crazy" is relative and has been normalized to a point where a therapist might not understand what is normal for these community members. • There needs to be a concerted effort to listen and understand, but also, the community must invite those with the power to listen. However, if they don't listen, the community needs to keep trying. • Perceptions need to be addressed.	"We were made to live in the projects– we had to live in the projects. That is mental oppression; a cold blooded thing to do mentally. Now we still have families in the ghetto. Some people's parents got retirement pensions and life insurance and they moved out and some were not able to move out. But we still look at them as less than because you live in the Ghetto." "We have to tackle it because if we don't there is always going to be this divide. We are always going to have our youth feeling as if they are not as good as other people's youth." "The therapist might see the young men and women as crazy because they don't know that these things are normal for them." "We can't have closed-door sessions and talk about what we want to change if we don't invite the people who can make the change in to come in and listen. If they are not the ones to help after they listen … 'you may be excused, go find someone else.' You keep

Brief Summary/Key Points	Notable Quotes
• Discussion around the model for Black Lives Matter. • School system set up. Kids have to act out first before receiving help. Also the paperwork is a barrier for teachers and students as well as hours that parent can't come in.	looking and you don't give up." "It's perception … there are some that think … you are on the West side … you are doing this because you are bad … but on the East side …you got some issues and we need to get you some help. So they automatically route them to social services, whereas …the other goes a different path. You don't get the same treatment."

Foreign-Born Black/African Focus Group (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
Mental Health • The definition of mental health is different between African and American culture. • The definition of mental health in African culture is mainly attached to behaviors because that is what is visible (e.g., talking to oneself, wandering for miles, etc.) and can be attributed to spiritual things. • Usually mental illnesses are not considered illness until they are debilitating and severe (e.g., you cannot work, you cannot communicate, etc.) • There are some mental health issues that are not recognized in traditional	**Mental Health** "There is a distinguished difference between how we Africans, in general back home, view what we call mental illness [and] how the American's society views mental illness." "In Africa, our perception from back home … when we say some has a mental illness it is very visible. When you come here it is more deceptive … it becomes very complicated in defining them, because you do not see that." "Over here I think that [they] tend to over diagnose … So over here, I see that a lot of things are attributed to mental health more than where I am from."

African culture (e.g., dementia and Alzheimer's).	"We still do that here (call people crazy), but at the same time, it's deeper than just they are crazy."
• The definition of mental health has transitioned among Africans over time and with being in the U.S. • The term "crazy" is still attached to mental health, but it can be more than that. • The terminology used is different in African as compared with the U.S.	"Those of us who come from Africa, in general, not born here, we struggle with the definitions because the way we look at things is much broader and it's more personal than the way things are defined here."
Substance Abuse	**Substance Abuse**
• Substance abuse is defined based on the substances used and the way those substances affect behaviors and mood. • Substance abuse seems to be tied to outside stressors that propel individuals toward using substances and then to abuse them when they cannot function without using that substance. • Traditionally, alcohol has been more accepted than other substances like cocaine or marijuana, which were looked down upon. However, here the community is more accommodating for those who use these substances.	"When it comes to substance abuse … it depends on what the individual is taking." "Back at home … you found more alcoholics than you found people actually abusing drugs like cocaine and heroin. Here it is the opposite. I see all of it now. Back at home, we tend to be more forgiving of the drunks. Parents tell you to not go near them because this person smokes weed, [but a drunk is OK]."

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
• There is the feeling that people should be able to deal with their emotional needs themselves.	"OK, get up, don't be depressed, do whatever and work hard and get there … For us, it's [like]… you are an adult, you can take care of yourself, [and] you can make your life better."

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
- People can react in many ways. - Some community members feel sad and empathetic. - Others feel that they feel disgusted or superstitious. Some might be angry or upset and expect a person to be strong enough to overcome the issue themselves. - The reaction might also depend on whether the community members' views are more traditional or not.	"Sometimes I would say they are mostly disgusted and they judge those people and their families and … they are superstitious and think of it as this person was used for rituals." "How they treat it here is more with sympathy and they have compassion for that person. If they feel someone is … depressed, they actually get help for that person. Over there it is so judgmental and it just makes it worse."

Interventions, Barriers

4. Who do people turn to, or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
- Family is the primary source of help. - In Utah, family will intervene even more so than in Africa.	"Usually family members are [the persons you talk to, but you don't talk outside of the family]." "If you see someone who has that reaction … the family takes over [here in Utah]… unless it becomes severe with legal issues, someone whose immediate or extended family you don't let them be homeless." "So the intervention becomes a family intervention. They will be angry at you or something, but they will try."

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
• Unfamiliarity with the terms or concepts. • The difference in culture and traditions, like the use of alcohol.	"In substance [abuse], like alcohol in Africa, it's like a celebration. It's culture. It's the norm. It's a common thing. It's like a food, typically. Until you get to that point that it becomes abuse … [and even if you get to that point] it's still not something that they will believe that it's an issue or it's a sickness. We don't call it a disease. Here they say it's a disease. It's just a normal behavior that someone just chooses to drink."

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
• Generally it is unlikely for Africans to seek assistance. • The norm is that you or your family can handle your own issues or that they do not exist.	"So in terms of [mental health issues] and [talking] about yourself [or seeking help]… it's kind of hard to believe that you have issues." "You will find people that [have been through] war or people that really have those, but to believe and come and talk [about it …] it feels like you're weak. You can deal with your emotional [needs]." "Cultural norms from back home and here are totally different. And I see [it in] the diagnosis here … because someone will [have] normal behaviors [according to African culture]… like talking loud, [but] these behaviors here are not normal."

	"It is less likely based on our African inheritance … for us to seek outside help because it is very, very difficult. You would rather talk to your family."

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Educational resources for both community members and providers that help with cultural competency and literary needs. • Helping communities talk about the issue.	"Being educated about the reality of mental health and substance abuse and understanding the causes will help." "We need to come out and speak out about the issues. Because [outsiders] aren't going to know about what is going on in the community. So, we as a community have to … say what is going on."

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• Some feel that the community members do not know about the services available. • Those who have experience with mental health or substance abuse issues know about the services. • Some feel that their community members know about the services or how to find them, but will not use them due to stigma and language issues.	"I am aware … because I had to deal with [it]." "They don't want to be seen using those services, so they don't utilize [them] because of the stigma that could be attached or that they think is attached to using those services." "They know about it, but in terms of literacy … it's a big issue to understand. Even if you go there, you don't understand and you don't read the books that are there."

	"These are the issues that the community and the people that provide the services should understand."

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• Services that care for the root causes of the mental illness. • Making sure that people who would provide support are culturally aware and understand where Africans are coming from culturally in order to provide appropriate support.	"The way we can treat that is being able to identify the causes. Once we know the causes then we can actually treat it." "Then you can tailor your message in helping them to understand that the mental illness is a real thing and these are the steps that you can actually notice in your community and if you do notice that, we are here to help."

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
• Working through and with African community organizations. • Working with other organizations already involved in these communities (e.g., schools, churches, work places, county programs, etc.). • Some African communities would be best targeted through gender norms. • It will take time and need to be a consistent effort because there will be cultural resistance.	"Africans that live in Utah … we are not going to judge that individual based on the cultural norms of the United States, but based on the norms from home, even though we are residing here. So you need to understand back home how we view those things before you can relate it to the community." "Culturally, country to country is different." "Targeting the different cultural communities would be a good way to go about it."

	"And as you provide the resources and as time progresses, then there will be development in our mentality. And [then we] try to understand the culture here much better, that way when [we] see those things we've mentioned … then [we] are not so much focused on back home and [will seek help]."
	"Men don't want to feel vulnerable. And women don't want to say something [in front of the] men. But if you [teach] them that separately, they will understand."

Other Information

Record any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
- The reasons for substance abuse may be related to mental health illnesses like depression or to enhance performance capabilities, for example, for musicians or artists. - The perception is that American culture sometimes uses mental health as an excuse for bad behaviors. - Some think most of those who abuse drugs in their community are the homeless. - Some shared about how the difficulties of life in America can lead to sadness and depression. - Substance abuse can occur among the elderly with prescription drugs. They would rather take the medicine than go to the hospital because it takes less	"When they do something ... instead of taking responsibility they attribute it to … 'oh he is mentally unstable.' And so it is very difficult to actually find the real mental health … and it is there, it is a real problem and it's hidden." "Even though sometimes it could be a mental problem, sometimes it could be spoiling the kid more." "In terms of prescriptions, I find the elderly … usually take a lot of prescriptions for some of the issues, which they don't know that it is abuse." "I think in Utah among the African American community … those who I see when it comes to substance abuse are the ones who are

effort and time. • Substance abuse is related to physical abuse. • Substance abuse is viewed as a product of environment.	homeless … the reason why they are so reliant on drugs is because sometimes they have lost hope in life." "Because America in general, the environment … can cause you a lot of pain and depression and sadness." "As an African American you see that the window to break through is very, very difficult [as compared to] your Caucasian friends." "But I noticed that … a lot of people with emotional and mental disorders in Utah compared to New York where I lived. I lived in New York and I was expecting it to be the other way around because in New York, it is very crazy, jam-packed." "Sometimes in life over here in when you study the culture… [you see] that the perceptions are different. What we termed as an abuse in general … over there it is not an abuse, here it is an abuse. We have an extreme abuse back home … in general." "The environment that you reside in can have a domino effect. If you are living in the area [that is a] low income community [and the people have lost hope and there is substance abuse] … then you tend to fall on that side because of the environment. But if you live in the community where the environment is more flourishing, you will become more flourishing because you have helping hands that will lift you up and encourage you. So you can stay away from that substance."

U.S.-Born Hispanic/Latino Focus Group (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
• Wholesome, well-being consists of emotional, physical, and spiritual health. • An individual's looks do not necessarily correlate to their mental well-being. • Mental health as a whole is stigmatized as an expensive "issue." • In today's world there exists a tendency for mental health issues rather than physical ailments due to work, societal expectations, and continuous levels of elevated stress.	"It's mental health. It could have some repercussions on your physical health, but mainly mental." "No matter what nation you're in, there is a need to obtain more knowledge because sometimes it's hard for the person to come forward with a mental problem."

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
• Social events/gatherings have become a way of camouflaging addictions. • The highest levels of substance abuse persist amongst social groups. • There exists a lack of substance abuse resources among ethnic populations. • Double standards of substance abuse exist between men and women. • There is a lack of awareness about mental health issues.	"People do not recognize what is acceptable for their bodies." "Alcohol is the most dangerous drug." "You can function beautifully with assistance and help."

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
• Reactions vary depending on age groups, as the conversation on mental health and substance abuse has just begun. • Substance abuse is more acceptable as a problem than mental health. • The community reacts with fear and frustration due to a lack of understanding the problem and its solutions.	"They react very negatively. If kids are missing something from their lives. They think they need that [drugs and alcohol]." "Mental wellness is passed on between generations."

Interventions, Barriers

4. Who do people turn to, or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
• Latinos turn to other Latinos for help. • There are not enough resources that are accessible. So instead the community turns to their families and friends as a "Band-Aid." • The lack of education in navigating the U.S. healthcare system leaves many people helpless.	"It's taboo. Who do we turn to?" "When I worked in Denver, they [juvenile correction center] brought in a '*curandera*.' What a better way to help these kids? Someone to help you with the mental and spiritual part of it."

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
• Ethnic populations deal more frequently with cultural differences and	"The U.S. healthcare system is not prepared for the Latino community."

racism.
- Young children of Latino households typically have to work to support their families.
- Older generations are typically more scared of dealing with mental health and substance abuse issues.

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
- Even though there might be programs available, Latinos need somebody in their cultural network to connect them to the resources. - Due to a lack in nondifferentiated attitudes toward Latinos, the community stays away from the available resources.	"Access to healthcare is seen as a commodity and not a right." "Older generations are scared, so it's less likely they will look for help."

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
- Culturally and linguistically appropriate advertising of resources. - Effective school programs to promote awareness of mental and substance abuse issues. - Better programs that target mental health needs not only with proper language but also with a cultural competency. - Augmented funding for Latino-based efforts in mental health.	"There is a lot of advertising for health clinics but not mental clinics." "Returned missionaries who speak the language are not the solution."

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• LDS Clinic • SLC County Youth Services • U.N.I. • Latino Behavioral • N.A.M.I.	"As a university student, there are services available but I do not know of their existence."

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• Programs that campaign for the education of Latino communities in regard to mental well-being • Mental health clinics • Comprehensive drug therapy • Affordable and comprehensive diagnoses • Culturally competent resources • After rehab programs	"We need Hispanics to expand efforts to pressure the governor's office for the community." "Promote comfortable town hall meetings where everyone can voice their opinion on the matter."

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
• The effective use of social media outlets such as texting and Facebook. • Large grassroots movements to elevate the discussion of mental health and	"Separate meetings for youth groups." "Better and more accessible county programs."

Brief Summary/Key Points	Notable Quotes
substance abuse issues. • The introduction of culturally competent agencies.	"Legal statuses generate fear in this country. Since survival mandates most undocumented people stay in the shadows it's important to advertise that there will be no repercussions when it comes to looking for help."

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
N/A	N/A

Non-U.S.-Born Hispanic/Latino Focus Group (Spanish)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
Mental Health • Individuals searching for help are largely labeled as "crazy." • Mental health is dependent on everyday activities and becomes an issue when a person cannot process these events. • Many people in the community do not see mental well-being as a real health issue.	"I went to a class for 'crazy people' looking for help regarding my children and I ended up staying" [Hard laughter from the group]. "[In the community] we do not ask what the causes of substance abuse are." Unfortunately we give people suffering from substance abuse a highly derogatory name."

Substance Abuse	
- For many, substance abuse is an escape from reality. - There exists a vast lack of education about substance abuse. - A person must first realize they live with substance abuse in order to confront the issue. - Many times drug abuse is an issue that begins with the use of prescriptions.	

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
- Individuals are largely scared about the actions that people living with substance abuse/mental health needs might take against them. - Individuals living with either issue are deemed unworthy of living among the community as they are labeled "dangerous." - In regard to Latino mental health, the community mostly turns to family members and acquaintances in order to resolve issues and seldom seeks professional resources for fear of cultural repercussions, an economic burden, and language barriers. - Community members want resources tailored to the needs of the Latino/Hispanic community.	"I do not know enough about that." "We think, 'Don't get close to that person [suffering from substance abuse] because it is dangerous.'" "[People suffering from substance abuse] hurt us." "We [community, family members] need to be there to help persons dealing with substance abuse or mental health issues." "People with mental health or substance abuse issues can be abusive." "My first reaction was denial and fear." "Latinos always want to solve the problem when it evolves into a bigger issue."

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
• Denial and fear are the primary ways in which the community reacts. • Individuals tend to turn to family members and acquaintances for fear of being labeled as "crazy" or "abusive." • Family members of individuals suffering from either issue look for someone or something to blame in connection with the matter. • Individuals seek to hide the issue for fear of not understanding the implications or not being "normal."	"My husband did not believe me. I think it was due to his embarrassment in confronting society. For me, knowing the truth was a relief. I learned to accept it." "I have a brother-in-law who is an alcoholic. I used to think he did not love himself." "When it comes to couples, they generally look for someone to blame in the issue."

Interventions, Barriers

4. Who do people turn to, or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
• Individuals turn to family members for fear of not being understood or not understanding how to navigate the U.S. healthcare system. • N.AM.I., U.N.I., and Latino Behavioral Health are common resources individuals have turned to. • Though many of these resources have proven beneficial at first, they did not help individuals and families at every step of different issues due to lack of resources in Spanish and availability.	"When I first discovered my son was abusing drugs I turned to my husband, but he did not believe me." "Latinos turn to family members. I always just call my mom." "The community turns to religious answers. We think they need a '*limpia*' (a spiritual cleaning) because they might be living with the devil inside them." [Laughter from the group]

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
- Fear of not being understood in their native language with individuals who understand the cultural perceptions that are tied to the community. - Fear of being labeled as "crazy" and thus being shunned from society. - Fear of not being able to obtain comprehensive health aid due to immigration status. "Machismo" leads many to not look for help.	"The doctors do not speak Spanish. This is the first barrier. The translator only confused me more." "Latinos don't really like to do the research for resources and the ones that exist are not widely advertised." "State budget is rarely allocated to finance for Latino services or resources."

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
- Individuals are not likely to seek assistance unless it is simple to find. - They would much rather deal with these issues "internally" to not disturb perceptions of themselves or of their families. - The lack of awareness makes many believe that mental health is not a real health issue and thus needs no help in becoming resolved. As a result, individuals do not seek assistance.	"Most Hispanics do not look for help." Response from other group member: "It's due to the same; machismo." "I would look for help. When there exist resources all is possible. I would go looking for them with my family."

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Culturally competent resources that understand the underlying issues of Latino behavioral needs. • Services provided with doctors, psychiatrists, psychologists, and counselors that speak Spanish. • School programs that promote the awareness of mental health/substance abuse from an early stage and with consideration to the Latino community.	"It is very difficult to just be thrown against the culture here. Due to the loss of identity our children close themselves off and we always look for justifications."

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• UTAH PARENTS • ALANON • Latino Behavioral • N.A.M.I. • U.N.I. • And various limited resources in schools	"There exist some resources at schools, but parents are not willing to bring all the available resources to schools and many do not even know about the accommodations for students with special needs."

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• U.N.I. • N.A.M.I. • Latino Behavioral	"We need more culturally adapted programs because 'missionary Spanish' is not Spanish at all."

• Utah Parents	

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
• Large advertising for available resources. • Providing resources in Spanish. • Workshops on navigating the American healthcare system that include education on mental health. • Educate students from a young age about mental health needs and substance abuse issues.	"More resources in Spanish." "Resources that tackle questions such as: 'What keeps you from educating yourself about mental health and substance abuse issues?'" "Latinos only show up when incentives are presented."

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
N/A	N/A

Native Hawaiian/Pacific Islander Focus Group (English)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
• Mental health issues are considered "childish," "immature," or "individuals being slow." • Depression and mental illnesses may be common but there's not much dialogue among the community. • Pacific Islander women refer to mental health as being "hush, hush" or not being discussed or accepted. • Mental health issues are a private matter in the families, nothing to showcase as it may label the family as a whole as a family with "crazy members." • There is no trust in healthcare services to receive proper treatment for mental illnesses.	"Mental health is how people handle stress with the responsibility in their community." "Negative substance abuse is a bigger problem for other people and other cultures, not our own." "We don't see substance abuse in our community!" "Families ignore mental health out of embarrassment."

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
• People feel embarrassed about these issues. • It becomes difficult to talk about and identify as a health issue in their individual lives.	

Brief Summary/Key Points	Notable Quotes
- It is taboo. There is no dialogue considered with these issues. - It's an issue that is considered '*laupisi*' -- meaning that it's something that is 'annoying' or 'a waste of time.' - Substance abuse is rarely acknowledged by our community. It is usually considered as a phase that youth, mostly boys, go through. - Mental health is something that is not taken seriously. Most people who have mental health issues are the object of jokes and made fun of.	

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
- People will feel embarrassed and don't want to connect their child with those issues. - People become discrete when they obtain information and do not tell others within their community concerning these issues when the person is someone who is related to them. - When it's other people's children or family, they are made fun of or connected to some 'crazy' person in their family history. - Some parents want to beat the 'crazy' out of their kids if they feel that they have a mental health issue.	

Interventions, Barriers

4. Who do people turn to, or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
- The younger generation finds more comfort addressing issues to their friends not family members. - The younger generation does not reach out to their parents because there's a lack of communication. And sometimes, they may get beaten when talking about mental health problems. - There are generational differences such as access, amount of information, or level of education that can affect how they can find resources.	"Trying to obtain resources is already embarrassing. There needs to be a lot of discretion."

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
- Pride is intertwined with religion that is essential in many of the Polynesian cultures that prevents people from talking about mental health and substance abuse. - These issues are considered taboo and that prevents people from talking about it. - Children are to uphold a strong, respectful relationship with their parents. Many times, they are not allowed to voice their struggles concerning mental health and	

Brief Summary/Key Points	Notable Quotes
substance abuse.	

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
• People in the community most likely will not seek assistance for these types of issues. • There is a lack of knowledge and finances to seek certain assistance. • People in the community refrain from seeking assistance because of embarrassment. • It has to be court-ordered or mandated for an individual in the community to be identified as having mental issues.	"The culture makes seeking assistance difficult!"

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Creating awareness that is appealing across generations for proper access and treatment for individuals with these issues. • Networking, televising, and visual resources of Polynesians conveying these issues that can be relatable for the people in the community. • Affordable resources for those who are affected by these issues. • Hotlines in different languages that will help people provide resources and seek	

assistance for these issues. • Visual resources such as shirts, pamphlets, posters, etc., that will convey these issues. • Educate our people through seminars and clinics especially for the older generations. • Training on mental health issues and symptoms. How to care for children or adults with mental health issues.	

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• People are aware of some but not services primarily for Pacific Islanders. • No, not aware of any.	Of note, was the silence that occurred when this question was asked. Basically, it appeared that there was a lack of knowledge about resources.

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• It would be better to have an outsider, culturally competent people to reach out and help people within the community.	

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
- Target different age groups to increase awareness. - Interactive activities such as games to be effective for children and youth to increase awareness. - Visual resources through television such as commercials or shows that provide a network for older generations to be educated. - Use faith-based connections to promote the importance of caring for mental health victims. - Frequent positive conversation on mental health issues and that it's not to fear or make fun of. - Training on the realities and causes of mental health issues. Discuss what the barriers may be and challenges faced by family members. - Increase knowledge on what the needs may be of families dealing with family members with mental health.	

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
N/A	N/A

Tongan Focus Group (Tongan)

Perceptions and Definitions of Behavioral/Mental Health

1. In your community, how do people generally define what mental health is? How do people define substance abuse?

Brief Summary/Key Points	Notable Quotes
- Mental health is dealing with sicknesses concerning an imbalance of an individual's mind. - There are physical traumas or experiences in an individual's life that affect their mental health. - Mental health can be affected by substance abuse; there is a lot of youth that are affected by drugs that alters their mental health. - Mental health can be affected genetically and be passed down from parent to child. - If they are not acting normal they have issues with their mental health. - Mental health issues are affected by depression that will cloud their thinking. - Substance abuse can alter and influence negative mental health.	"Me'a ae atamai he taa'i ae kona!" Translation: Mental health issues occur when substance abuse inflicts!

Brief Summary/Key Points	Notable Quotes
• Substance abuse, specifically alcohol, can influence domestic abuse and domestic violence. • A lot of the youth and young adults are affected by substance abuse.	

2. In your community, how do people generally feel about mental health or substance abuse issues?

Brief Summary/Key Points	Notable Quotes
• People do not take it seriously. It's somewhat humorous when it comes to those that have mental health issues (tukunoa'i, fakakata). • People are embarrassed when their family members are diagnosed with mental health issues. • Our community needs to reach out and love those who are affected by mental issues. • People do not understand mental health issues specifically depression. • People have a mindset that mental health issues were not recognized until they lived in the U.S. • People in the community should be educated on how to help individuals who have mental health issues. • People become sad and angered when others are affected by substance abuse. • Substance abuse leads to other problems in the community so that abusers are often hated and shunned by family members.	"Oku ikai mahino'i ae lotomo'ua pea koe loto mafasia." Translation: We do not fully comprehend mental health issues like depression. "Atamai vaivai oku ikai accept I hotau matakali pea koe 'atakai." Translation: People with mental health issues are not fully accepted in our own community. "Feinga ke pukepuke'i mai." Translation: We must help those affected with mental health issues and do all we can to hold on to them.

Brief Summary/Key Points	Notable Quotes
• There is not much communication between parent and child in the home to help address mental health issues.	

3. When these kinds of issues arise, how do people in your community tend to react?

Brief Summary/Key Points	Notable Quotes
• They don't admit that it's serious. • They often ignore it. • They sometimes make fun of those people. • They label the families with members with mental health issues as a hereditary "crazy family."	

Interventions, Barriers

4. Who do people turn to, or where do people go to address these kinds of issues?

Brief Summary/Key Points	Notable Quotes
• Religious and spiritual leaders • Professional help like counselors, psychologists, psychiatrists • Programs like AA and committees in the community to help address mental health issues and substance abuse.	

5. Are there any cultural issues that may prevent people from talking about mental health and substance abuse?

Brief Summary/Key Points	Notable Quotes
- There is a family reputation or pride to uphold and if a parent has a child with mental health issues, it becomes an embarrassment and affects their reputation. - Pride is an important factor in the Tongan culture that prevents people from talking about mental health and substance abuse. - It's an issue that is usually made fun of in the culture. - Only recently has Tonga begun to take mental health seriously.	"Koe ta'efieto he family." Translation: The family has a reputation to uphold and acknowledging having mental health issues will be too difficult. "Oua ma ae kakai hono talanoa ae me'a kuo hoko fakaatamai." Translation: Our people should not be embarrassed in discussing mental health issues.

6. How likely is it for people in your community to seek assistance for these types of problems?

Brief Summary/Key Points	Notable Quotes
- The group came in unison and agreed that people rarely seek assistance for mental health issues. - Only when diagnosed or referred by a doctor or court will people with mental health or substance abuse be taken seriously.	

7. What resources do you think will benefit your community?

Brief Summary/Key Points	Notable Quotes
• Train and educate parents, youth, and young adults about mental health issues. • A community center that people with mental issues can gather and members within the community that can help them.	

Service Availability

8. Are you aware of mental health or substance abuse services available in your community?

Brief Summary/Key Points	Notable Quotes
• The young adults are more aware of services that can help those who are affected by mental health or substance abuse. • Not a lot of older adults are familiar with mental health or substance abuse services. • Some are aware of AA.	

9. What type of services would benefit your community?

Brief Summary/Key Points	Notable Quotes
• Counselors or professionals within the community.	

Community Awareness

10. What would be the most effective ways to educate and increase awareness in your community?

Brief Summary/Key Points	Notable Quotes
- Train individuals within the community to be well rehearsed with information on addressing mental health and substance abuse issues. - Flyers and pamphlets with information for members within the community who are affected by mental health issues. - Community center for individuals with mental health issues and substance abuse.	

Other Information

Any other relevant information shared during the group discussion.

Brief Summary/Key Points	Notable Quotes
N/A	N/A